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ABSTRACT

Developed by the Wisconsin State Early Childhood: Exceptional Educational Needs Project, the manual presents 10 modules designed to aid in the professional development of teachers of young handicapped children. Each module describes its purpose, goals, and objectives, and presents activities and a list of resources. The Screening module covers such aspects as developing a screening program, the selection of reliable and valid screening instruments, implementing a preschool screening program, and interpreting and explaining screening results. Another module provides information about assessment instruments, the interpretation of assessment results, the relationship between assessment and education intervention, and the role of various professions in educational assessment. The Curricular Strategies module is intended to help the teacher make an informed choice about which strategy or approach to use in a given situation, while the Instructional Activities module focuses on organizing instruction into activities that are appropriate for each individual child. Other modules deal with the selection, modification, use, and evaluation of instructional materials; the incorporation of parents into the planning, developing, implementing, and evaluating phases of their child's individualized program; the recruiting, selecting, training, supervising, and evaluating of paraprofessionals and volunteers; interagency cooperation; administrative aspects; and teacher self-improvement. (DLS)

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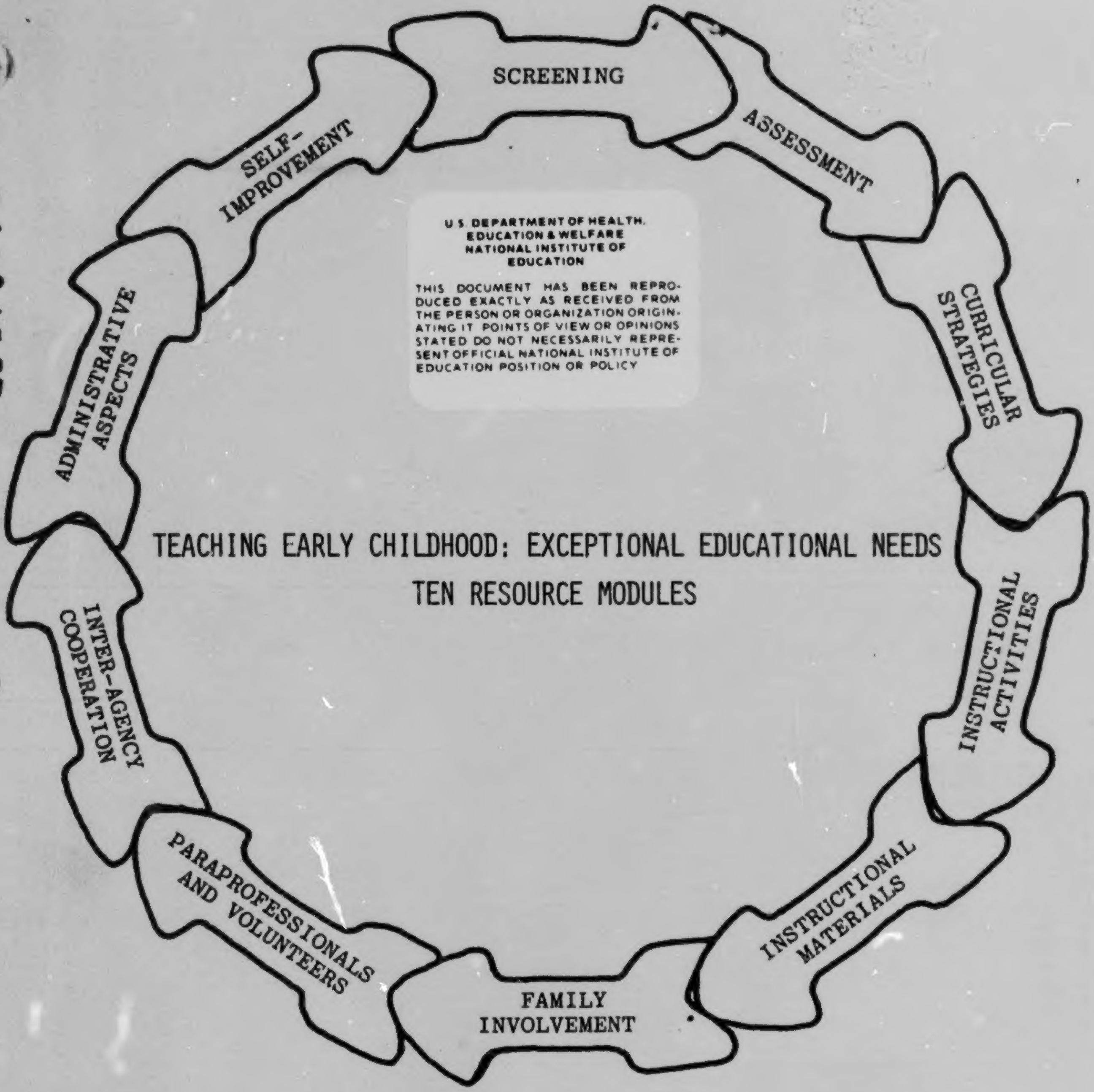
SCREENING
ASSESSMENT
CURRICULAR STRATEGIES
INSTRUCTIONAL ACTIVITIES
INSTRUCTIONAL MATERIALS
FAMILY INVOLVEMENT
PARAPROFESSIONALS AND VOLUNTEERS
INTER-AGENCY COOPERATION
ADMINISTRATIVE ASPECTS
SELF-IMPROVEMENT

U.S. DEPARTMENT OF HEALTH.
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TEACHING EARLY CHILDHOOD: EXCEPTIONAL EDUCATIONAL NEEDS

TEN RESOURCE MODULES

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
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EC 120549

TEACHING EARLY CHILDHOOD: EXCEPTIONAL EDUCATIONAL NEEDS

TEN RESOURCE MODULES

Developed through a
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from the
Bureau for the Education of the Handicapped

WISCONSIN STATE EC:EEN PROJECT

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FOREWARD

These modules are designed to aid in the professional development of Early Childhood: Exceptional Educational Needs (EC:EEN) teachers. The intent is to present a range of theoretical and practical ideas that will provide some commonality of knowledge and skill in EC:EEN education.

These modules were developed by EC:EEN teachers, directors of special education, university instructors, and representatives from the Department of Public Instruction. The modules are a reflection of the state of the art and will be revised as new knowledge and research becomes available.

Each module contains a purpose statement, goals, objectives, activities, and a list of resources. The table of goals and objectives at the beginning of each of the ten modules can serve as the table of contents.

Each teacher is responsible for planning and programming for the changing needs of exceptional educational needs children and their families. This requires continual upgrading of professional knowledge and skills. These modules are designed as one tool for becoming an even more effective teacher of young EEN children.

ACKNOWLEDGEMENTS

This product is the end result of a two-year process involving nearly a hundred Early Childhood/ Special Educators in Wisconsin. Those who worked on individual modules are credited at the beginning of each module. Those people who advised and counseled as the steering committee on the total development of the training package are credited here for the many long hours they endured and the tremendous input they offered.

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SCREENING

The Early Childhood: Exceptional Educational Needs teacher will be able to assist in the development, implementation, and evaluation of screening procedures for the purpose of identifying young children with exceptional educational needs.

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PURPOSE

> "(Screening)...is concerned with the early identification of those individuals who are likely to sink at a time when they can be taught to swim in our complex world or properly protected from fatal and total immersing and at least enable them to crawl, walk, or run on land." —John H. Meier[1]

Screening is one of the first steps in a total early educational intervention system. One of the first challenges an early childhood:exceptional educational needs teacher encounters is identifying the children in the school district that are eligible and would benefit from the program.

Screening has been described as a measurement activity (Cross, 1977) and as a detective process to 'sort out from an apparently well-population those individuals who are at risk of having the condition screened for and are therefore in need of additional evaluation.' (Frankenburg, 1977, p. 85). Consequently, well-designed screening procedures help identify the children in a school district who appear to be in need of special services. In most cases, it is not necessary to screen formally for severe handicaps. These children are usually easily identified by parents, doctors, and social service personnel such as social workers and public health nurses.

Probably the best thing you can do to find potential EEN children is to have in operation an effective direct service program to EEN children. Parents and professionals in the community are aware of individual children with possible EEN's and await the opportunity to expose their concerns to trusted, competent people.

Screening procedures are designed to be fast, efficient techniques for identifying children with potential handicapping conditions (usually in the mild to moderate range) who without early intervention may experience repeated failures in school activities.

This module is intended to provide you with the knowledge and skills necessary to plan and conduct a well-designed screening program. The activities provide information about developing a screening program, including the selection of reliable and valid screening instruments, understanding and assisting in community-wide interagency screening efforts, implementing a preschool screening program, interpreting and explaining screening results, and evaluating the whole screening effort.

Vocabulary

agencies--Public and private agencies with professional staff who work with young children and their families

placement--The program recommendation (and alternatives) of the Director of Special Education based on multidisciplinary team (M-team) determination of EEN and agreed to by parents

school screening--A relatively short, efficient procedure to separate children with possible or suspected EENs from those with no EENs. This procedure is conducted by local public school staff and may be individually arranged or offered in a "roundup" fashion

assessment--Diagnostic procedure for officially determining if a child has an EEN. Formal and informal test procedures that constitute a complete and exhaustive pinpointing of an individual's skills and deficits

"other professionals"--Physicians, county nurses, teachers, ministers and priests, social workers, family therapists, etc.

parents--All primary caregivers of children

census-takers--Representatives of Local Educational Agency (LEA) trained to collect, among other information, census data on potential EEN children and to disseminate information on EEN program

SCREENING

The Early Childhood: Exceptional Educational Needs teacher will be able to assist in the development, implementation, and evaluation of screening procedures for the purpose of identifying young children with exceptional educational needs.

GOAL I	GOAL II	GOAL III	GOAL IV	GOAL V
The EC:EEN teacher will be able to understand the principles of a comprehensive preschool screening program.	The EC:EEN teacher will coordinate with other agencies and other professionals in community screening efforts.	The EC:EEN teacher will plan a school EC:EEN screening program.	The EC:EEN teacher will interpret and report screening results.	The EC:EEN teacher will evaluate the screening program.
The EC:EEN teacher will be able to: Objective A understand the relationship between normal child growth and development and the screening process. Objective B justify the need for screening. Objective C understand the roles of community agencies and professionals, parents, the school census, and screening in the process of identifying possible EC:EEN children.	The EC:EEN teacher will be able to: Objective A have knowledge of community agencies involved in screening activities. Objective B establish lines of communication with other agencies to exchange information about screening efforts, make cross-referrals of children, and to plan cooperative efforts.	The EC:EEN teacher will be able to: Objective A describe the use of school census takers in locating young handicapped children. Objective B cooperatively plan and implement a school screening program. Objective C select reliable and valid screening instruments. Objective D administer a screening instrument.	The EC:EEN teacher will be able to: Objective A develop a system for recording and reporting screening results. Objective B communicate screening results to parents.	The EC:EEN teacher will be able to: Objective A review mechanics of screening program with school personnel. Objective B evaluate parental concerns and attitudes toward the screening effort.

GOAL I

The EC:EEN teacher will be able to understand the basic principles of a comprehensive preschool screening program.

OBJECTIVE IA

To understand the relationship between screening and normal child growth and development.

(IA) Activity 1 Read the following:

Screening and assessment instruments, as well as instructional strategies and activities are based in part on how normal children develop. Most children learn and develop at about the same rate and go through the same developmental milestones at about the same time. For example, most children are able to sit up by six months and start walking at twelve months of age.

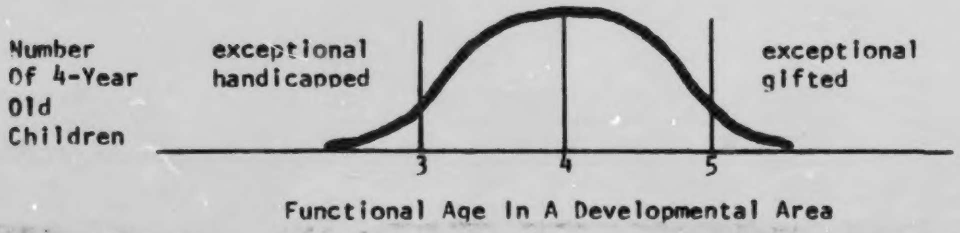
Cautions

Keep the following points in mind when using developmental sequences.

What is normal?

Normality is a relative term based on a normal distribution curve. It indicates how the majority of children develop.

A wide range of maturational rates for each developmental domain is evidenced within and between children. Some children develop gross motor skills faster than language skills. Some children simply develop at a slower rate in most major areas of development.



What is a handicapping condition?

Identifying a child as having a handicapping condition can be an arbitrary decision. It is highly dependent on cultural norms and may often be controversial.

Meier has enumerated twelve basic principles to keep in mind when applying scales of development to individual children:[1]

1. The sequence of development is, in general, the same for all children, but each child has his own individual rate pattern and ultimate level of development.
2. Individual differences are apparent at an early age and show a high degree of consistency with increasing age.
3. A child progresses step by step through the various stages of development. Each step prepares the way for the one to follow. Regardless of chronological age, an early stage usually has to precede a later development.

4. There is an approximate range at which parents may expect readiness for new learnings of a particular kind. The peak of readiness is often the period when a particular process is most susceptible to either cultivation or damage. The capacity of children to learn is frequently much greater and occurs much earlier than many parents realize.
5. As a child's capacities for doing, thinking, and feeling mature, he has an impulse to use these capacities.
6. There are behavioral cues which the child gives his parents about his individual needs, rhythms, and readiness for something new. Parents can be taught to recognize these periods of readiness. Development progresses best when opportunity is provided for learning when the child is ready. Attempts to push learning and development ahead of readiness are frequently frustrating for both child and parents.
7. Development starts at the head and progresses downward (cephalocaudal). Development progresses from the main axis of the body out (proximodistal).
8. A child does not grow uniformly or all at the same time. The various parts and systems grow at different rates at different times.
9. Progress in development is not smooth and continuous but rather uneven. Children discontinue working on one skill while learning a new one. New skills or learnings may disappear only to reappear later on. A child often regresses under stress.
10. Physical, mental, and emotional forms of development are interrelated.
11. The child's native constitution, the cultural setting, traditions of the family, and community make lasting impressions which influence the process of development and its outcome.
12. Development results both from learning and growth or maturation. Stimulation and struggle are often necessary for optimum human development.

(IA) Activity 2 Review the following chart of the major developmental milestones. You may want to post it for reference when observing children.

Observe at least five children at various preschool age levels using the developmental milestones as a reference. Answer the following questions during your observations:

1. Which children are suspected of having a handicapping condition?
2. Which children at the present time have a good prognosis for success without special education services?
3. What further assessment is needed and who should do it?

(IA) Activity 3 Practice sequencing major developmental milestones in all areas of development.

Given the following gross motor milestones, rewrite them in the sequence in which they occur in normal development.

1. Creeps unassisted.
2. Runs without falling.
3. Gets down from adult chair unassisted.
4. Rolls over unassisted.
5. Takes 2-3 steps unassisted before falling.
6. Crawls unassisted.

7. Catches a bounced ball.
8. Pulls self to standing position.
9. Walks up and down stairs, not alternating feet.
10. Walks without assistance.

Given the following fine motor milestones, rewrite them in the sequence in which they occur in normal development.

1. Builds tower of 5 - 6 blocks.
2. Copies circle from a printed model.
3. Transfers cube from hand to hand.
4. Can pick up and hold 2 small objects in one hand.
5. Draws simple house.
6. Draws horizontal line in imitation.
7. Puts 3 or more cubes in cup.
8. Cuts with scissors.
9. Turns pages of book, 2 or 3 at a time.
10. Picks up raisin with pinch grasp.

Given the following cognitive milestones, rewrite them in the sequence in which they occur in normal development.

1. Names familiar picture cards.
2. Responds to sound of rattle.
3. Points to 3 body parts (hair, eyes, nose).
4. Can count 6 objects when asked "How many?"
5. Plays pat-a-cake.
6. Names eight colors.
7. Participates in story telling with words or phrases.
8. Can tell what number follows 8.
9. Turns head to look for dropped spoon.

Given the following self-help milestones, rewrite them in the sequence in which they occur in normal development.

1. Buttons 2 buttons.
2. Picks up spoon.
3. Drinks from cup, unassisted.
4. Washes hands and face unassisted.
5. Dresses self except for tying.
6. Drinks from cup when held by adult (some spilling).
7. Pulls on simple garments.
8. Ties shoe laces.
9. Brushes teeth.
10. Uses spoon to eat with, no spilling, unassisted.

Given the following social milestones, rewrite them in the sequence in which they occur in normal development.

1. Parallel play predominates.
2. Performs simple errands.
3. Plays peek-a-boo.
4. Listens attentively to stories.
5. Smiles spontaneously.
6. Plays cooperatively with other children.
7. Understands taking turns.
8. Plays contentedly alone if near adults.

Given the following language milestones, rewrite them in the sequence in which they occur in normal development.

1. Combines 2 different words.
2. Imitates sounds such as cough, tongue click, etc.
3. Asks meaning of abstract words.

4. Responds to voice.
5. Follows simple commands: "Get the _____," or "Give me the _____."
6. Uses 200 or more recognizable words.
7. Babbles, using series of sounds.
8. Defines 4 simple words in terms of use.
9. Expresses 2 words besides "Ma-ma" and "Da-da."
10. Uses 3-word sentence.
11. Asks questions beginning with "Who," "Where," "What."

OBJECTIVE IB

Justify the need for screening.

(IB) Activity 1 List three purposes of screening:

1.

2.

3.

Did you consider these purposes in a well-designed screening program?

1. Identification of children with handicapping conditions, for referral for further M-team assessment (as prescribed by state and federal law).
2. Referral of children without handicapping conditions for further diagnosis, and program by other early childhood services such as Title I, Headstart or Social Services.
3. To reduce school system costs incurred in psychological examinations, diagnostic procedures, and related administrative activities by reducing the number of children inappropriately referred for special services.

Screening procedures are designed to be fast, efficient techniques for determining which children may need special early intervention in order to successfully compete in a school environment. These children usually evidence only mild or moderate handicapping conditions, but without early intervention they may experience repeated failures in school activities.

In addition to identifying children with suspected handicapping conditions, screening programs can collect two important types of data:

1. factors that contribute to developmental risks and eventually lead to handicapping conditions (i.e., children who passed screening at age 3 but ended up as EEN at age 5).
2. prevalence of various suspected handicapping condition or disability areas.

By better knowing the factors that lead to handicapping conditions, we can detect EENs earlier. Having a count of the number of individuals with a particular handicap at a particular point in time allows the EC:EEN teacher to plan for the number and type of children to expect in the program. Knowing these conditions allows the teacher to order more appropriate materials and to design the curriculum more specifically for children's individual needs.

(IB) Activity 2

Each school district in Wisconsin is required to perform certain activities to locate EEN children in its area. All the following statements are true except one. Can you find it?

ACTIVITIES THAT EC:EEN STAFFS ARE REQUIRED TO PERFORM BY FEDERAL AND STATE LAW INCLUDE THE FOLLOWING:

Seek out and identify all persons between the ages of 3 and 21 who may be in need of special education programs and services. T or F

Include questions on the school census to locate children in need of EEN services. T or F

Use the media for the purpose of conducting an awareness program to inform the public of services for handicapped children ages 3-21. T or F

Have written, established procedures to guide interagency referrals. T or F

Establish procedures whereby the census data pertaining to handicapped children are communicated/forwarded to the special education director, supervisor, or designee. T or F

The director of special education or the program designee has input and responsibility for those elements of the screening process designed to identify potential EEN children. T or F

Have a written plan or procedure for screening:
  a. children entering school for the first time. T or F
  b. children below school age (0-5 population). T or F

Use:
  a. formal assessment procedures and/or evaluation instruments in the screening program. T or F
  b. informal assessment procedures and/or evaluation instruments in the screening program. T or F

Develop specific procedures and forms for referrals (i.e., Kindergarten, Title I). T or F

Have a procedure and/or forms clearly distinguish between suspected EEN children and non-EEN children. T or F

Identify those responsible for receipt of referrals. T or F

Formulate a follow-up system that includes:
  a. an established procedure to insure that the parents were notified in writing that a referral was made to the school by an outside referrant. T or F
  b. an established procedure to insure that the parents were notified in writing that a referral was made by an in-school referrant. T or F
  c. an established procedure to document for the school board the manner in which the parents were informed about the referral. T or F

The LEA should regularly screen children around the age of two years 9 months to maximize the availability of services to potential EEN children. T or F

All the above statements are true, except for the last one.

Districts are not required to "screen" specifically but rather to "seek out and identify." To "seek out" children a little under the age of 3 is not required but appears to be a good idea given the length of time it takes to process a child into an EC:EEN program.

(IB) Activity 3 When should screening be conducted? Read the following:

Intervention should be started as soon as problems are detected; thus screening could begin in infancy. If a developmental delay is detected even at this early age, state law permits an intervention program to be established.

Since the state mandates educational programming for EEN conditions beginning at age 3, the majority of screening should ideally be directed toward the 2 1/2- to 4-year-old population.

Screening should be viewed as a continuous process, an ongoing detection procedure. Many symptomatic conditions of vital concern will appear irregularly and at different developmental stages. Therefore, periodic screening is advised, especially for children already screened as questionable.

(IB) Activity 4 How does screening differ from assessment? Read the following:

Assessment follows screening. And it constitutes a "complete and exhaustive pinpointing of an individual's skills and deficits."[3] Individuals identified as having a suspected handicap through the screening procedures should always be referred for a complete assessment.

A good screening battery will identify general areas in which the child should be further assessed. For example, if a child was screened for physical, intellectual, language, and social impairments and appeared handicapped only in the vision section of the physical exam, only a more in-depth visual assessment would be needed.

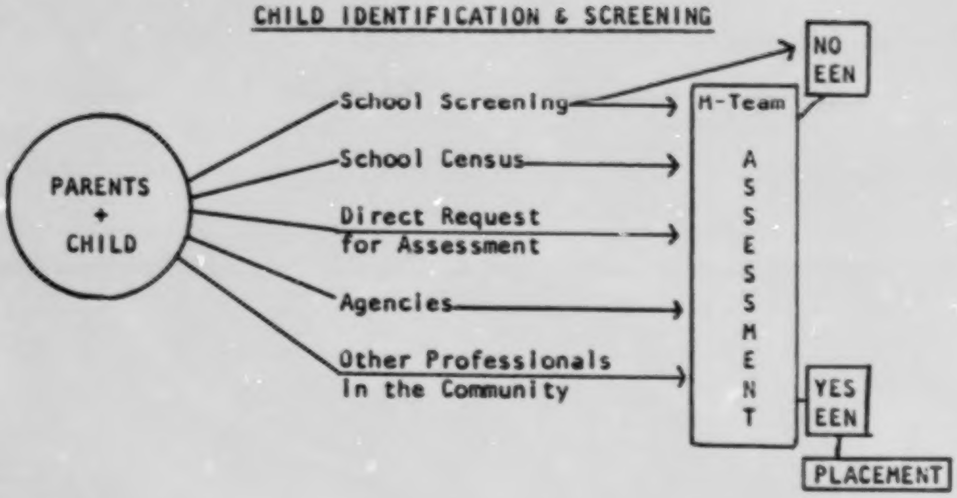
Assessment procedures are required to determine the extent of the handicap, the treatment and program placement decisions. Frequently, a team of professionals including educators, psychologists, and doctors, performs the assessment. Teachers usually assess the child's academic skills, determining each individual's needs from the teacher's specific assessment, objectives, and strategies for teaching the child on a daily basis are formed.

OBJECTIVE IC

Understand the roles of community agencies and professionals, the school census and screening in the process of identifying possible EC:EEN children.

In a flowchart, it looks like this:

CHILD IDENTIFICATION & SCREENING


PARENTS + CHILD
School Screening
School Census
Direct Request for Assessment
Agencies
Other Professionals in the Community
M-Team
ASSESSMENT
NO EEN
YES EEN
PLACEMENT

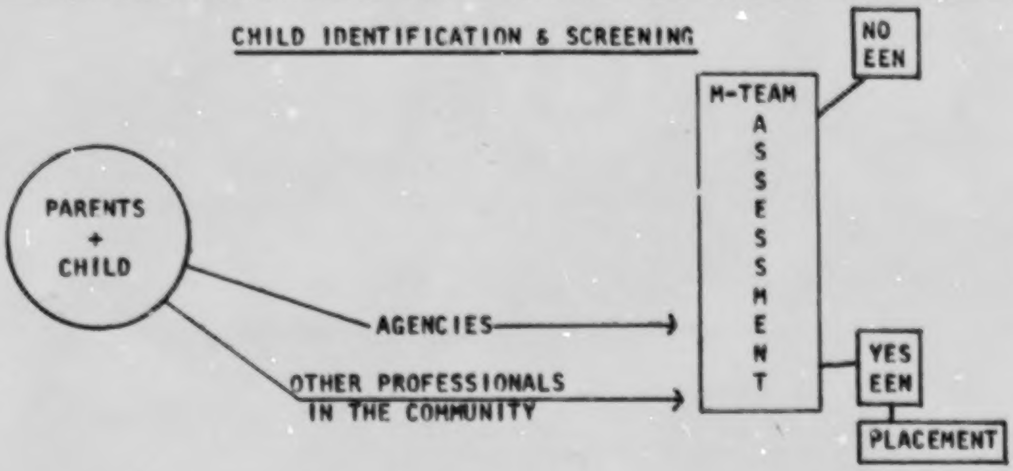
A number of professional individuals and agencies see young children and appraise their functioning levels by means of both formal and informal instruments. They are legally charged with (section 115.80(1)) referring or reporting a child, with the parents' knowledge, whom they "reasonably suspect" to have a disabling condition to the appropriate school officials.

Parents who have "reasonable cause to believe" that their child may have an exceptional educational need can request an M-team evaluation. In many cases parents are not sure if their child has a problem but would appreciate an educator "taking a look hus the school screening. School census takers can remind parents of the EEN services available and relay requests for referral/screening to the school.

Wisconsin has examples of each of these 5 methods successfully identifying potential EC:EEN children. It appears that by utilizing a combination of two or more methods an LEA may be more successful than using just a single procedure to locate such children. All school districts are required to have a plan or procedure in place to screen children ages 0-5 (upon parental request). While the school "roundup" type screening may have the potential of identifying children who may not be located by the other methods (especially those with mild EEN's), it is a relatively expensive procedure. However, many people feel it is cost effective in the long run.

GOAL II

The EC:EEN teacher will coordinate with agencies and other professionals in community screening efforts.


CHILD IDENTIFICATION & SCREENING
PARENTS + CHILD
AGENCIES
OTHER PROFESSIONALS IN THE COMMUNITY
M-TEAM ASSESSMENT
NO EEN
YES EEN
PLACEMENT

Coordination with other screening efforts is crucial to an EC:EEN staff's success in planning a screening program. Cooperation can be aimed at avoiding duplication of efforts, eliminating gaps in screening services, and breaking down barriers through cooperation on projects.

Many community agencies screen and observe infants and preschool age children. Health professionals and county human services employees are two types of community-based professionals contacting most of the preschool age children in your community. With their cooperation and assistance you should be able to adequately screen a significant number of the children in your district.

OBJECTIVE IIA

To have knowledge of community agencies involved in screening activities.

(IIA) Activity 1 Complete the Community Agency Comparison table that follows.

Were these agencies included on your list?

EDUCATIONAL FACILITIES

- Headstart
- Title I (preschool)
- Developmental Disabilities (sheltered workshops, achievement centers)
- Kindergarten
- Day Care

HEALTH

- Local public health agency
- Maternal child health clinics (High risk clinics)
- Hospitals
- Local pediatricians
- Family Service Agency
- Child Welfare
- Developmental Disabilities Boards
- State audiologists

COMMUNITY AGENCY COMPARISON

AGENCY CONDUCTING SCREENING	AGE OF CHILDREN SCREENED	CONDITIONS SCREENED FOR	SCREENING INSTRUMENTS USED	WHEN IS SCREENING CONDUCTED	NUMBER OF CHILDREN SCREENED	COMMUNITY PROBLEM AREAS DEFINED	ETHNIC & CULTURAL CHARACTERISTICS OF CHILDREN SCREENED	ADMINISTRATIVE FOLLOW-UP PROCESS TO PUBLICIZE SCREENING RESULTS	FEES
Name									
Name									
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28

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(IIA) Activity 2 Several different agencies in your community may be involved in screening activities. However, not all may be looking for the same handicapped conditions. Two such agencies are Developmental Disabilities and Head Start.

Developmental Disabilities

Federal law (PL 94-103) entitled the Developmentally Disabled Assistance and Bill of Rights Act mandates that every state receiving financial assistance under this act should provide sixteen different services from birth to individuals with developmental disabilities. One of these services is education. Many counties in Wisconsin are now providing educational programs for infants and toddlers under this act.

Developmental disabilities include autism, cerebral palsy, epilepsy, mental retardation, and dyslexia connected with any of the above.

Head Start

Head Start is a federally-funded early childhood program for 3-4 year olds. Besides enrolling low income children who have no particular handicapping condition, Head Start programs, by congressional mandate, are expected to reserve 10% of available enrollment slots for handicapped children. Also 10% of the children in Head Start may be from families whose incomes are higher than federal guidelines.

Head Start has diagnostic criteria for the following conditions:

1. Visual impairment
2. Hearing impairment
3. Physical handicaps
4. Health or developmental impairment
5. Mental retardation
6. Speech and communication disorder
7. Emotional disturbance
8. Specific learning disability

(IIA) Activity 3 Read the following:

Interagency screening cooperation can be hindered in three ways: (1) duplication of services, (2) gaps in existing programs, and (3) administrative barriers that prevent cooperation and communication. It is possible for EPSDT (Early Periodic Screening Diagnosis Treatment), hearing and vision screening, "well baby" clinics, children's hospitals, local hospitals and school screening programs to overlap one another. Such duplication of services is wasteful of time, federal resources and funds, time-consuming for professional staff, and could create hardships for the families being screened.

Gaps in screening occur when professionals are unaware of the facilities available, when the process for making referrals and follow-up screening is unclear, and when some age groups are eliminated from any type of effective screening. Interagency cooperation would solve these problems.

Section 1632 of Chapter 29 (Wisconsin Laws of 1977) represents an attempt to deal with these gaps and overlaps. It reads as follows:

> SECTION 1632. HEALTH SCREENING. The departments of health and social services and public instruction shall jointly develop a plan to consolidate school health screening and the Title XIX of the federal social security act Early, Periodic, Screening, Diagnosis and Treatment Program. Such plan shall be implemented on July 1, 1978. Such departments shall request appropriations and other adjustments, if necessary, pursuant to section 13.101 of the statutes as part of the annual budget review process.

OBJECTIVE IIB

Establish lines of communication with other agencies to exchange information about screening efforts, make cross-referrals of children, and to plan cooperative efforts.

(IIB) Activity 1 Provide others with information on your screening.

Use a Formal Letterhead--such as the school system with which you are associated. Enclose a stamped, self-addressed envelope for their reply.

Follow-up--After sending the letter, allow two or three weeks for their response. If none, then use a follow-up phone call and make an appointment for a personal visit to explain the screening.

See the sample letter providing some introduction information on your school's screening efforts and initiating communication. How would you modify it for use in your situation?

SAMPLE LETTER

To Other Agencies Conducting Screening

DATE

NAME
ADDRESS
STATE/ZIP

Dear ________________ :

There is a definite need in our community to provide screening for preschoolers who may have "exceptional educational needs." Many children could avoid frustration and failure later if their hearing or visual loss, or speech delay, as well as other possible Exceptional Educational Needs were identified prior to their attaining school age. The earlier the problem is identified, the better the possibility to correct it.

We are prepared to offer this free screening service through the ______________________ School District and would welcome your assistance.

I can provide you a 10 to 15 minute program to explain how you can assist in identifying and screening children 0-5 years of age, and explain your possible role in the program. Tentatively, the date is ____________ _________ and the screening will be held at __________________________ from ___________________________. Appointments will be made when a referral is received. A referral can be made by phone or letter from any concerned citizen.

I look forward to meeting with you.

Sincerely,

Name/Address/Phone

EARLY CHILDHOOD SCREENING TODAY!

GOAL III

Plan a school EC:EEN screening program.

OBJECTIVE IIIA

Describe the use of school census takers in locating young handicapped children.

(IIIA) Activity 1 **Read the following:**[4]

PL 94-142, the Education for All Handicapped Children Act, requires in sec. 121a.128 and 121a.220 of the regulations that Child Find activities must be continuous activities for each local education agency. During the past three years, there have been Title VI-B federal funds available for the operation of local Child Find projects. As of September 30, 1979, these discretionary funds are no longer available. However, this does not eliminate the responsibility of a local education agency from the mandate of Child Find activities. Thus, it would seem imperative that a school district establish procedures for institutionalizing Child Find activities within the system in the absence of a federally funded discretionary project.

There are at least three avenues school systems can use to meet the Child Find mandate of PL 94-142:

1. Using the school census to increase awareness and locate children who should be assessed
2. Increasing public awareness through news media and other means
3. Establishing procedures for interagency referral

An annual school census is required by sec. 120.18(1) and 43.70(1), Wis. Statutes. Since an LEA must contact each family for the school census, it seems expedient to use this same vehicle in searching for children who might benefit from special school programs. The annual school census could then become one means by which a school district would meet partial compliance of the Child Find mandates of PL 94-142.

Here are some things your district administrator should think about when using the school census to look for possible EC:EEN children:

1. Chapter 89, section 115.78, clearly states that the "State Superintendent shall provide for the development of some comprehensive census procedures for identifying all children with exceptional needs."
2. Child Find Specialists may serve as trainers and/or coordinators of census takers.
3. PL 94-142 flow-through monies may be utilized to pay census takers (total amount not to exceed 1/12 of total flow-through entitlement.)
4. The school census could be preceded each year by a public awareness thrust. This would alert people to the fact that census takers are interested in parental concerns and also that special programs are available.
5. The district administrator must decide which methodologies best serve the districts' needs in obtaining a complete and accurate census.

Examples of methodology are:

a. Door-to-door
b. Health Department, statistics, OB nurses
c. Mail and follow-up
d. Telephone
e. Welcome Wagon or Chamber of Commerce
f. Registration of students in schools
g. PTA block representatives
h. Jaycettes or other service organizations for census takers.

6. A parent may request that a multidisciplinary team (M-team) referral be initiated. Since the census taker is a representative of the local education agency, the M-team must meet within ninety days of the parents' request.

7. A methodology must be developed by the district for follow-up of any parental concerns. It would seem appropriate for the special education director to be involved with this.

8. A handbook should be developed for local census takers. It is important for census takers to know that they are to report parents' concerns and not their own perceptions. The handbook should also emphasize the importance of confidentiality.

9. The school census would be an excellent opportunity to distribute a brochure to explain what special education and supportive services the district offers. Several Wisconsin field tests have shown the effectiveness of using the school census to identify handicapped children.

One school district asked the following question concerning any child under eighteen who was not attending a public or parochial school: "As far as you know, does this child have any difficulty or handicap that might make it advisable for him to attend a special school or class for his education?" If the answer was yes, the respondent was asked to furnish further information concerning the type of handicap; whether the child was receiving medical care;

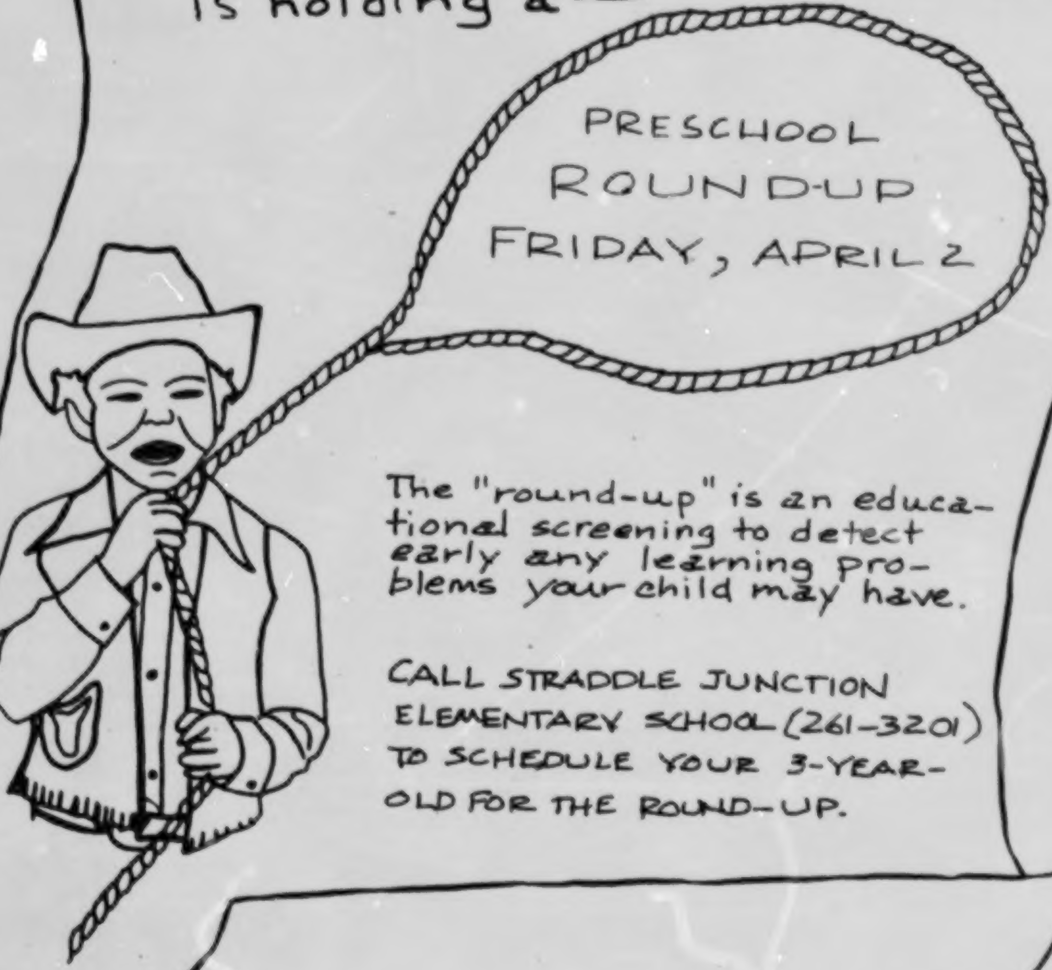
whether the child was receiving any type of special treatment; and whether the respondent was interested in obtaining more information about the child's and the school district's special education resources.

A review of the special census technique involving census takers and followup personnel finds:

1. that a census is effective at reaching the preschool age population;
2. that parents are most effective in describing the problem if not required to actually label the behavior problem;
3. that parents are most receptive to discussing their child's problems and are eager to learn where they could get help;
4. that census takers can be accurate and thorough in canvassing and recording information;
5. that being a census enumerator is not easy work and that payment should be commensurate with duties performed;
6. that census enumerators assigned to their home district are more likely to work year after year;
7. that enumerators are not counselors and even though they may be parents of a handicapped child, are encouraged to use utmost discretion during the census activity and in preserving the confidentiality of information received;
8. that there appears to be a growing need for the public schools to be considered as the fixed point of referral;
9. that the cost of identification is minimal.

ATTENTION PARENTS

Straddle Junction School
is holding a —



PRESCHOOL
ROUND-UP
FRIDAY, APRIL 2

The "round-up" is an educational screening to detect early any learning problems your child may have.

CALL STRADDLE JUNCTION ELEMENTARY SCHOOL (261-3201) TO SCHEDULE YOUR 3-YEAR-OLD FOR THE ROUND-UP.

(IIIB) Activity 1 Read the following:

There are at least three approaches to screening preschool children: (1) the "Round-up," (2) screening an existing group, or (3) screening referred individuals.

1. The "Round-up" or Mass Screening

The "Round-up" involves a registration, screening, and identification of children residing in a particular geographic area, neighborhood, or county designated as the target area. This model will be examined in some depth in later activities. Although it requires more organization it is commonly utilized throughout Wisconsin.

2. Screening an Existing Group

Rather than bringing the children into a central location, the screener may work with an existing group and screen the entire group, e.g., all children in day care center or private kindergarten. The LEA may coordinate this effort with child care agencies to screen those children. Some school systems have met this need by staffing a full-time screening position. This screener might go into the day care center and train those teachers to screen or provide the screening directly. The full-time screener could coordinate the choice and use of screening instruments appropriate to this age category and facilitate any necessary referrals. Paraprofessionals trained in screening have also been used to screen the population consisting of children living in particular housing developments.

3. Individual Screening

At times parents or teachers have concerns about a child's development and want more information. An individual screening helps determine if a problem does exist or does not.

(IIIB) Activity 2 List by name those in your school system and community who could be involved in your school screening.

Did you consider the following?

School

- Principal
- Classroom Teacher
- Speech-Language Clinician
- Learning Disabilities Teachers
- Specialists
- Child Find
- Psychologist
- Aides
- Gym Teacher
- Bus Drivers
- Para-Professionals

Other Professionals

- Doctors
- Nurses
- Social Worker
- Resource Education Staff
- Medical Personnel
- Audiologist

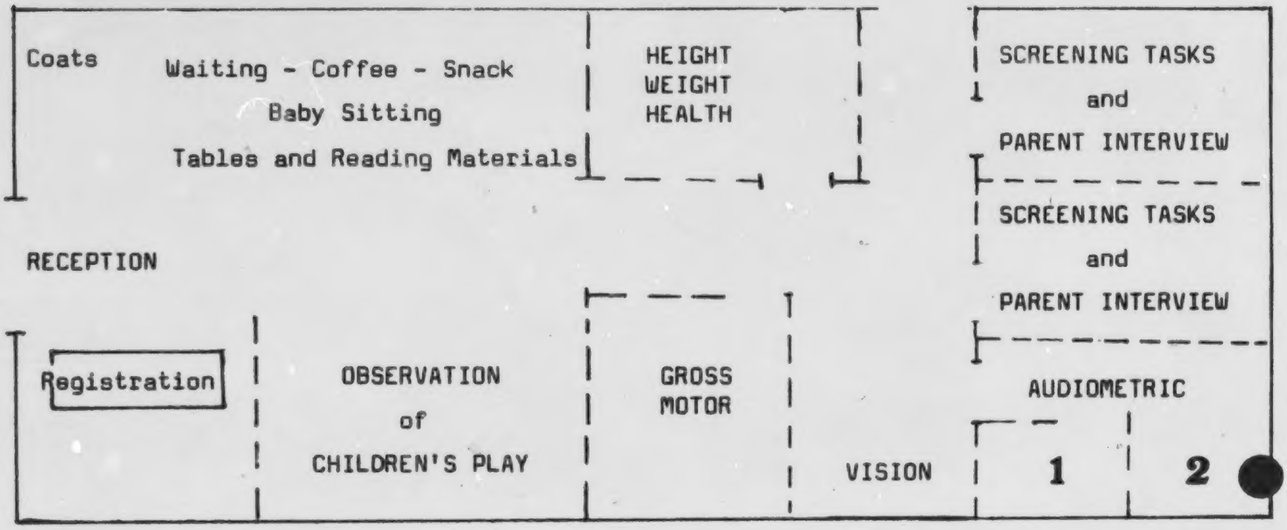
Volunteers

- Parents
- Students
- College Interns
- Retired Professionals
- Service Groups

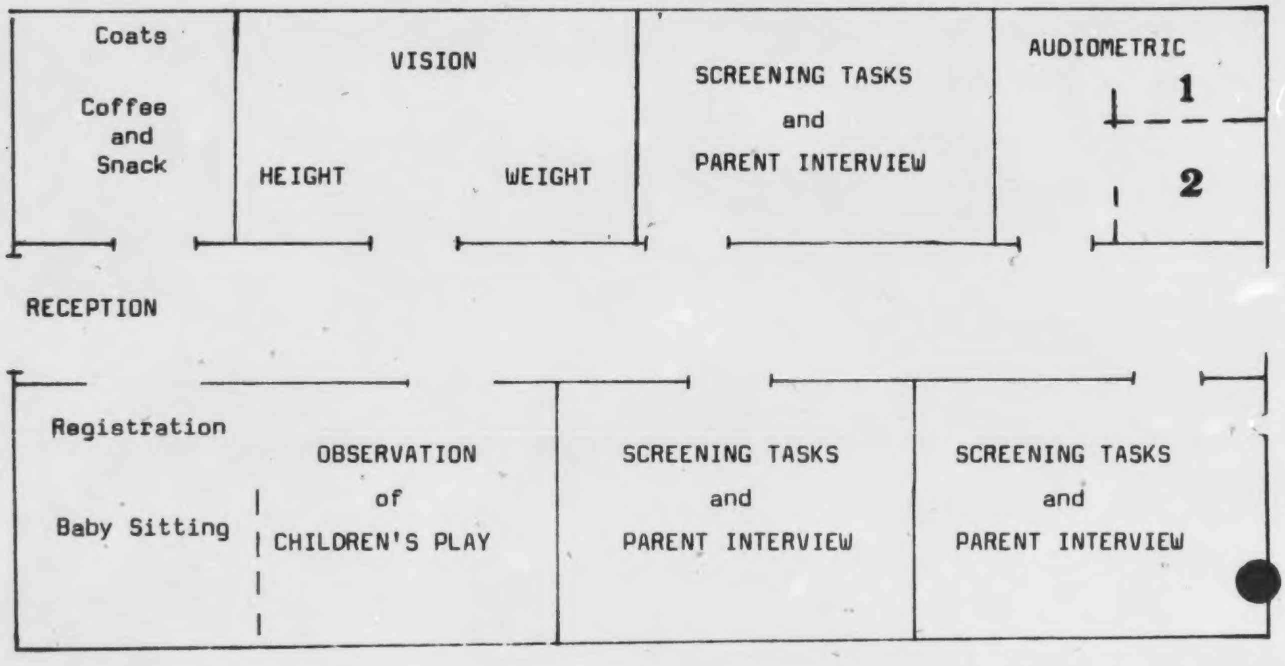
(IIIB) Activity 3 One of the "mechanics" of a screening program is the physical layout. Examine the sample floor plan below and make any modifications necessary to adapt the plan to your school.

OPTIONS for PLANNING YOUR SPACE and FACILITIES for SCREENING[5]

STATIONS IN ONE LARGE OPEN SPACE


Coats
Waiting - Coffee - Snack
Baby Sitting
Tables and Reading Materials
HEIGHT
WEIGHT
HEALTH
SCREENING TASKS and PARENT INTERVIEW
SCREENING TASKS and PARENT INTERVIEW
RECEPTION
Registration
OBSERVATION of CHILDREN'S PLAY
GROSS MOTOR
AUDIOMETRIC
VISION
1
2

CLUSTER of ROOMS


Coats
Coffee and Snack
VISION
HEIGHT
WEIGHT
SCREENING TASKS and PARENT INTERVIEW
AUDIOMETRIC
1
2
RECEPTION
Registration
Baby Sitting
OBSERVATION of CHILDREN'S PLAY
SCREENING TASKS and PARENT INTERVIEW
SCREENING TASKS and PARENT INTERVIEW

(IIIB) Activity 4 Review the following schedules for a screening program. Make any modifications you see as necessary.

1. Example of Individual Child Screening Schedule

Station	Personnel	Skill Areas	Time Per Child	No of Personnel
Welcoming	Teachers Aides Parents		2-4 min	2
Speech & Language	Speech & Language Person	Oral Language - Articulation	7-10 min	3
Cognitive	L.D. Teachers	Fine Motor Visual Discrim.	10-12 min	3
Gross Motor	Phy. Ed. Teacher	Motor Skill Checklist	7-10 min	3
Health	School Nurses County Nurses	Appropriate checking for hearing and vision	15 min	4
Cognition	Classroom E.C. or Reg. Ed. Teacher	Itemized Concepts or Cognitive	15 min	3

2. Suggested Daily Staff Schedule

1. Arrival		8:15
2. Blocks of time for screening (Morning)	a.	8:30 - 9:45
	b.	9:45 -11:00
	c.	11:00 -12:15
3. Lunch		12:15 - 1:00
4. Blocks of time for screening (Afternoon)	a.	1:00 - 2:15
	b.	2:15 - 3:30
5. Evaluation session		3:00 - 4:00

(IIIB) Activity 5 Complete the following worksheet on tasks that must be done on the day of screening. Read the list of tasks on the left-hand side of the worksheet. Add any additional tasks your screening staff has identified as essential for a successful program. Place an "X" on the worksheet after each task has been completed.

Before Screening

1. Set up station (numbering stations to indicate sequence of activities). ________
2. Place screening kit, forms, children folders, pencils, stop watches at respective stations. ________
3. Prepare children folders and appropriate screening forms. ________
4. Purchase small reward for individual child to be given by each examiner. ________
5. Inform examiners of special needs of any child and family (e.g., child in wheelchair, emotionally disturbed mother). ________
6. Prepare name tags for children, parents, and examiners. ________
7. Arrange reception area assigning person to greet families. ________
8. Set out reading materials and/or audio-visual materials for parents (e.g., video-tape of this year's preschool classroom). ________

9. Purchase and arrange snack for children and parents, including something for diabetics or allergic children. ________

10. Check cars and drivers available for emergency transportation services. ________

11. Plan for children who might become ill during the screening. ________

12. Other (specify)____________________________
____________________________________ ________

After Screening

1. Complete scoring all screening instruments. ________

2. Record data on profile sheets upon completion of testing. ________

3. Meet with all personnel to confer about concerns and compile data. ________

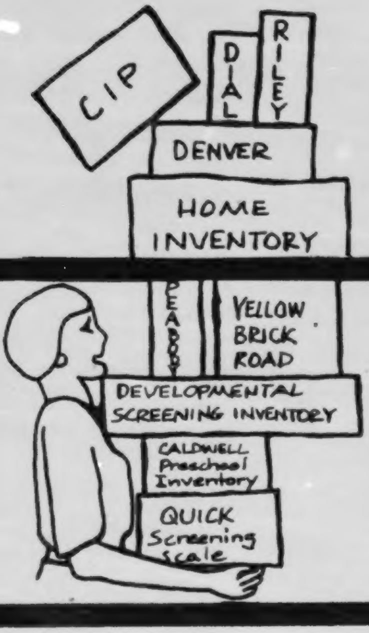
4. Compile list of children who were expected but did not appear for screening. ________

5. Cross check performance of children across settings and examiners. ________

6. Other (specify)____________________________ ________

OBJECTIVE IIIC

Select reliable and valid screening instruments.


CIP
DIAL
RILEY
DENVER
HOME INVENTORY
PEABODY
YELLOW BRICK ROAD
DEVELOPMENTAL SCREENING INVENTORY
CALDWELL Preschool Inventory
QUICK Screening Scale

(IIIC) Activity 1 Read the following:

One of the first decisions an early childhood teacher faces is determining what screening instruments to use. Instruments should be chosen that will provide the greatest amount of desirable information about each child in the least time. The following are some basic considerations:

1. What developmental areas are screened by the instrument?

During the preschool years it is important to screen all children for basic developmental skills. Health, language, cognitive, social-emotional, and motor skills are basic. The problems screened for should be those that can be best remediated or modified by an immediate educational intervention program.

2. What type of activities and information is required of the child?

Most screening instruments require a one-to-one relationship between the child and the adult screener. It might also be valuable to include screening instruments that observe children's actions in small groups, particularly to measure social and attention skills. A balanced screening battery usually includes test items, free play observation periods, and parental interviews.

What type of information and what type of responses is the screening instrument requiring of the child? Are children given a lot of information and required to integrate numerous facts. Is a child asked a series of simple, open-ended questions? Is the test requesting predominantly verbal responses or is there a balance between verbal and motor responses? A good screening instrument usually includes a balance of activities requiring a child to take in information, integrate it, and then relate or respond to the information.

3. Who can administer the screening instrument?

Screening tests that require trained professionals such as psychologists or speech and language therapists are expensive and may be impractical due to limited professional staff time. Many accurate screening instruments can be administered by trained paraprofessionals, volunteers, and parents.

4. How much time is needed to screen each individual child?

Screening all children in a school district, even in a small district, is time-consuming. Most screening batteries should involve no more than forty-five minutes of time. Preschool children become very tired of extended screening procedures, and their ability to perform optimally diminishes considerably.

5. What is the cost of the screening procedure?

The cost of screening procedures include equipment costs as well as screening personnel costs. However, the cost of reporting results and obtaining follow-up diagnoses for suspected handicapped children should also be considered. If an instrument shows as handicapped many children who are then diagnosed as normal after an extended evaluation, the cost of the screening instrument is substantially increased.

6. Is the screening instrument valid and reliable?

Screening instruments are developed to sort out from the general population those children who need further study. In order to perform this function, instruments should be reliable, i.e., should produce similar test results over two closely timed administrations and between two or more testors. Screening instruments should also be valid, i.e. measuring what they claim to measure. Screening instruments that one uses to indicate possible cases of developmental delay should identify a majority of children who after more thorough diagnosis are determined to be delayed.

7. how appropriate is the screening instrument for the individual child? Numerous cases of misdiagnosis and incorrect educational placements have occurred in special education because children were screened or assessed with inappropriate instruments. Children who do not speak English as their native language should not be screened through an instrument given in English. Only instruments designed specifically for a child's age group should be used. The socio-economic status and cultural environment of the child is another important consideration. Choose tests that have been standardized on children similar to those to be tested.

It is unlikely that any one screening instrument will answer positively all of the above concerns. However, screening instruments used with preschool children should be sensitive enough to detect even mild handicaps. Although "false positives" (children without a handicap) can be eliminated during extensive follow-up assessment, the false negatives (children who have a handicap but not detected through the screening device) may remain undetected and untreated. These children may wait months or years before receiving adequate treatment. Such a delay in treatment can only add to the harmful effects of the basic handicapping condition.

(IIIC) Activity 2 Review the following listing of screening instruments. Which of these instruments appear to be the most appropriate for your program.

SCREENING INSTRUMENTS[6]

Test: DEVELOPMENTAL SCREENING INVENTORY

Author: Hilda Knobloch, M.D.

Obtain from: Department of Pediatrics
Albany Medical College
Albany, New York 12208

Purpose: To identify infants who are probably not developing normally.

Skills measures: A level of functioning is obtained for: adaptive, gross motor, fine motor, language, and personal-social skills.

Age Range: 4 weeks to 18 months

Cost: Materials - $2.50
25 forms - $4.50

Time Required: 20-30 minutes

Screener: Individual well trained in the evaluation of infants.

Children: Normal, questionable, abnormal.

Reliability: 85% inter-rater reliability.

Validity: High validity coefficients with the full-scale Gesell (.90 to .98)

Test: DENVER DEVELOPMENTAL SCREENING TEST

Author: W.K. Frankenburg, J.Dodds

Obtain from: LADOCA Project and
Publishing Foundation
East 51st Ave. and Lincoln
Denver, Colorado 80216

Purpose: To identify infants and pre-school children who are probably not developing normally.

Skills measured: Overall developmental profile with special emphasis or gross motor, language, fine motor, adaptive and personal-social skills.

Administration: Individual - simple to administer, score and interpret

Age Range: 2 weeks to 6 years

Cost: $8.50

Time Required: 10-25 minutes

Screener: Adequately learned by high school personnel. Professionals in child development related areas are excellent screeners.

Child Evaluated as: normal, abnormal, questionable.

Reliability: Very adequate. Test-retest agreements (1 week) was 97 percent. Inter-rater agreement is usually 80-95% thorough training results in higher reliability.

Validity: Adequately differentiate between broad categories of children.

Test: THE QUICK SCREENING SCALE (QSS)

Author: Katherine M. Bunham, Ph.D.

Obtain from: The Psychometric Affiliates
Chicago Plaza
Brockport, Illinois 62910

Purpose: To identify children with mental delays.

Skills measured: "Mental age" is given for each of five subscales: bodily coordination, manual performance, speech and language, listening attention and play interests.

Administration: Individual

Reliability-Validity: Test-retest reliability of .93 is reported. Concurrent correlations with the Binet and Cattell are .89 and .95 respectively.

Age Range: 1-9 years

Cost: $10.00 manual and 50 forms

Screener: Intended to be used by pediatricians, phychiatrists, and clinical psychologists. With proper training non-professionals could also use it.

Children Evaluated As: A mental age is reported for each of the subscales and a "general mental level" giving an average of the five subscale scores.

Test: PRESCHOOL INVENTORY

Author: B. Caldwell

Purpose: To assess achievement in areas regarded as necessary foundations for early school success.

Administration: Individually

Age Range:

Cost: $2.75 (English) for 20
3.00 (Spanish) for 20
3.00 Specimen set
2.00 Handbook
(English and Spanish)

Skills measured: Concept-activation-sensory, concept-activation-numerical, personal-social responsiveness and associative vocabulary.

Test: COMPREHENSIVE IDENTIFICATION PROCESS

Author: R.R. Zehrbach

Obtain from: Scholastic Testing Service
480 Meyer Road
Bensenville, Illinois 60106

Purpose: To facilitate casefinding and screening.

Skills measured: Cognitive-verbal, fine motor, gross motor, speech and expressive language, social/affective, hearing, vision and medical history.

Administration:

Age Range: 2.6 - 5.6

Cost: $54.50

Time Required: 30 to 40 minutes

Screener: Professionals and paraprofessionals, trained volunteers.

Children Evaluated As: Pass, Refer or rescreen, Evaluate

Reliability: High inter-rater reliability .95-.98

Validity: Excellent validity Pilot study conducted with 1,000 children indicated that 90% of children labeled as needing help did indeed require special services.

Comments: Also, suggests process for locating children for screening. Further comments are provided in "Determining a Preschool Handicapped Population." Exceptional Children. Octiber, 1975.

Test: YELLOW BRICK ROAD

Author: C. Kalestrom

Obtain from: Teaching Resources
100 Boylston St.
Boston, MA 02116

Purpose: Identify children for diagnostic follow-up.

Skills measured: Motor, visual, auditory and language.

Administration: One-to-one in a group setting.

Age Range: 4.9 - 6.9

Cost: $29.95

Time Required: 1 hour (24 children completed screening every 2 hours.)

Screener: Professional, paraprofessional, and volunteer.

Test. PRESCHOOL SCREENING SYSTEM: START OF A LONGITUDINAL PREVENTION APPROACH

Author: P. Hainsworth and M. Hainsworth

Obtain from: First Step Publications
Box 1635
Pawtucket, RI 02862

Skills measured: Child-information processing in language, visual-motor and gross motor parent-behavioral characteristics, short medical and developmental history.

Administration: Individually

Age Range: 3 to 5 years, 4 months

Cost: $7.50 manual
6.00 100 test forms
10.00 100 parent question

Time Required: Child - 15-25 min.
Parent - 15-25 min.

Screener: Experienced examiner as trained technician or volunteer or paraprofessional supervised by such.

Test: ELIOT-PEARSON SCREENING PROFILE

Author: S.J. Meisels, M.S. Wiske

Obtain from: Samuel J. Meisels
Eliot-Pearson Department of Child Study
Tufts University
Medford, MA 02155

Purpose: To provide a brief and easy developmental survey.

Skills measured: Perceptual, motor language.

Age Range: 4-1/2 to 5-1/2

Cost: $1.00 for ten manuals and ten case sheets

Time Required: 15 minutes

Screener: Teacher or student teacher

Reliability: # of test items taken from standardized instrument

Validity: Incomplete

Test: THE PRESCHOOL ATTAINMENT RECORD (PAR)

Author: E. A. Doll

Obtain from: American Guidance Service, Inc.
Publishers Building
Circle Pines, MN 55014

Purpose: To inventory a number of behaviors designed to assess children during the infant and preschool years.

Skills measured: physical, social, and intellectual.

Administration: Individually through parent interview and/or demonstrated behavior.

Standardization: None as such. Item placement based on other tests. Authors state it is "speculatively developmental".

Age Range: 6 months to 7 years

Cost: $2.90 package of 25
1.60 manual

Time Required: 10-15 minutes

Screener: Professional interviewer needs practice and experience in techniques used.

Children Evaluated As: Attainment Age and Attainment Quotient.

Reliability: dependent on the reporter, interview technique and examiners judgement.

Test: RILEY PRESCHOOL DEVELOPMENTAL SCREENING INVENTORY

Author: C.M. Riley

Obtain From: Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025

Purpose: To quickly identify children with learning problems that may warrant special preschool programming

Age Range: 2 to 6 years

Cost: $6.00

Time Required: 15 minutes

Screener: Paraprofessional

Skills Measured: Cognitive and fine motor

Administration: Individual

Test: DEVELOPMENTAL PROFILE

Author: G. Alpern and T. Boll

Obtain from: Psychological Development
Publications
7150 Lakeside Drive
Indianapolis, IN 46278

Purpose: To provide multi-dimensional measures of children's development.

Skills measured: five scales (physical, self-help, social, academic, and communication)

Administration: Individual, interview technique

Number: Unknown

Characteristics: Unknown

Age Range: 6 months to 12 years

Cost: Interviewing set (manual, form 474 and 10 profile and scoring norms) - $9.85

Time Required: 30-40 minutes

Screener: Professionals trained in testing--other professionals and paraprofessionals may require instruction and supervision.

Reliability: High scorer, reporter test-retest reliability

Validity: Adequate construct and validity

Norms: Norms have been standardized but there are only a few items at each age interval. Bias introduced because of the non-representative geographic sampling.

Test: LEXINGTON DEVELOPMENTAL SCALE

Author: Staff of United Cerebral Palsy of the Blue Grass

Obtain from: U.C.P. of the Bluegrass, Inc.
P.O. Box 8003
465 Springhill Drive
Lexington, Kentucky 40503

Purpose: To assess children and help parents better understand their children's development.

Skills Measured: Five areas of development: motor, language, personal and social, cognitive and emotional

Administration: Individual

Number: Unknown

Age Range: Infancy (0 to 2 years)
Early Childhoog
(2 to 6 years)

Cost: Manual - $5.00
Screening from Manual - $1.50
Charts - .30

Time Required: 30 minutes (shortened form)

Screener: Teacher

Children Evaluated as: Developmental age scores given

Reliability: High test-retest reliability.

Validity: Validity assumed because items based on literature search, and judgment of experienced teachers.

Test: THE SLOSSON INTELLIGENCE TEST

Author: Richard L. Slosson

Obtain from: Slosson Educational Publications
140 Pine Street
East Aurora, N.Y. 14052

Purpose: To measure general cognitive and verbal abilities

Skills measured: Vocabulary, information, memory, reasoning and motor abilities.

Administration: individual

Reliability: Test-retest reliability .97 for children 4 to 5 years of age. No reliability estimates for children younger than 4 years

Validity: Estimates mainly limited to correlations with Stanford-Binet ranging from .90 to .97

Age Range: 1 month through adulthood

Cost: Manual, kit & 20 forms - $7.00

Time Required: 15-30 minutes

Screener: Responsible person such as teacher, principal, psychometrists, psychologist, guidance counselors, social workers, school nurse, or paraprofessional trained specifically to administer the test.

Children Evaluated as: IQ score same as Binet or Wechsler tests.

Comment: Widely used instrument that is useful as a quick screening device. Items mainly require an oral response making the instrument inappropriate for children from language backgrounds other than middle-class English.

Test: GUIDE TO NORMAL MILESTONES OF DEVELOPMENT

Author: U. Haynes

Obtain from: A Developmental Approach to casefinding with Special Reference to Cerebral Palsy, MR, and Related Disorders
U.S. Government Printing Office
Washington, D.C.

Administration: Individual

Age Range: Infants & new born children - 1 to 36 months

Cost:

Time Required:

Screener: Nurse suggested, no special training required

Purpose: To serve as a handy reference and the basis of a primary screening system

Comments: The instrument consists of two discs fastened together at the center. The bottom disc indicates the age in months at which time the reflex pattern will be present (+), absent (0), evolving or diminishing (±).

Test: DEVELOPMENTAL INDICATORS FOR THE ASSESSMENT OF LEARNING (DIAL)

Author: C. Mardell & D. Goldenbert

Obtain from: DIAL, Inc.
Box 911
Highland Park, IL 60035

Purpose: To identify prekindergarten children with potential learning problems

Skills measured: Gross motor, fine motor, concepts and communication.

Administration: Individual

Age Range: 2 to 6 years

Cost: Manual, score sheet and most materials - $99.00

Time Required: 25-30 minutes

Screener: A five man team of professionals and/or paraprofessionals.

Children Evaluated as: OK, those that need diagnostic evaluation.

Reliability: Satisfactory

Validity: Established

COMMENTS: The DIAL requires a screening area arranged into four screening stations plus a play and registration areas. Each skill area contains seven items. Results should only be used as initial screening information, not for placement decisions. The screening kit includes home activity cards desired for parents in each of the developmental areas.

Test: THE PEABODY PICTURE VOCABULARY TEST

Author: L.M. Dunn

Obtain from: American Guidance Service
Publishing Building
Circle Pines, MN 55014

Purpose: To provide an estimate of the child's

Skills measured: Intelligence and vocabulary recognition

Administration: Individual

Reliability: Test-retest internal consistency and alternate form reliability ranged from .80 to .90 over a variety of populations & age ranges.

Age Range: 2 years, 6 months to adulthood

Cost: $10.00 Manual and 50 forms

Time Required: 10 to 15 minutes

Screener: Professional person or trained paraprofessional

Children Evaluated as: Scores given as mental age, ig. or percentile

Validity: PPVT and intelligence tests such as the Binet and WISC have low correlations, but statistical significant. Predictive validity for school performance and achievement tests about .50.

COMMENTS: PPVT is a useful measure of a young child's vocabulary recognition ability. Low scores on the test may indicate a language handicap that would interfere with normal school performance. The PPVT IQ scores should not be used as a quick intelligence test or as a measure of mental retardation.

Test: HOME OBSERVATION OF THE ENVIRONMENT (Home)

Author: B. Caldwell

Obtain from:
Center for Child Dev. and Education
UALR
33rd and University
Little Rock, Arkansas 72204

Purpose: To evaluate the child's development in respect to his home environment.

Skills measured:

Infant Inventory:
responsivity of mother, avoidance of restriction and punishment, organization of environment, provision of appropriate play materials, involvement with child, opportunities for variety in daily routines.

Three through Six Year Old Inventory:
Provision of stimulation of mature behavior, provision of stimulating physical and language environment, avoidance of restriction and punishment, pride, affection and thoughtfulness, masculine stimulation, independence from parental control.

Age Range: 0-3 years and 3-6 years

Cost: $2.00 (kit)
$2.00 (additional forms--each)

Time Required: 20-40 min.

Screener: No prior testing experience required. Training is essential to insure reliable results.

Reliability: Moderate inter-test reliability

Validity: 70% of children predicted at 6 months to be at risk for low IQ actually did have IQ's below 70 when evaluated at 3 years of age.

Administration: Individual based on verbal responses from parents and observations in home.

COMMENTS: Validity studies are reported in the *American Journal of Mental Deficiency*, 81(5): 417-420, 1977.

Test: THE RAPID DEVELOPMENTAL SCREENING CHECKLIST (RDSC)

Author: Giannini et al.

Obtain from. American Academy
of Pediatrics, New York

Purpose: To serve as a primary stage massive screening instrument

Skills measured: General Development

Standardization - Presently unestablished

Age Range: 1 month to 5 years.

Cost:

Time: Quick checklist consisting of only 40 items.

Screener: physician or aide

Children Evaluated as:

Administration: Individual

COMMENT: This is a simple straight forward checklist consisting of 40 items condensed into a 1 page instrument. Once the norms are established, it may serve as a primary stage screening instrument.

Test: SEEC DEVELOPMENTAL WHEEL

Author: J. E. Swanson and Staff

Obtain from: Jennie E. Swanson
Early Childhood Education
804 West Bode Road
Schaumburg, IL 60194

Purpose: The mini-wheel for screening is used to identify children who may have later learning difficulties.

Skills measured: Five areas of development (intellectual, social-emotional, self-help, motor, and language.)

Age Range: Birth through 5 years

Cost: $5.00 Sample packet (mini-wheel, maxi-wheel, and instructions)

Screener: Professionals, parents, aides or other personnel trained in its administratio

Administration: Individual

Comments: The mini-wheel specifies twelve developmental milestones (with criteria for mastery) in the five areas of development. The "maxi-wheel" provides an extensive developmental sequence in the five areas for purposes of assessment and educational planning.

Test: BOYD DEVELOPMENTAL PROGRESS SCALE

Author: R.D. Boyd

Obtain From: Inland Counties Regional Center, Inc.
San Bernardino, CA

Purpose: To measure practical useful developmental skills that are related to daily living and adaptive behavior.

Age Range: Birth to 8 years

Cost:

Time Required:

Screener: Member of any discipline among the helping profession

Administration: Individual

COMMENTS: The results are combined in a visual report pictorialized on one page, avoiding age equivalent or quotient scores.

Test: THE GOODENOUGH-HARRIS DRAWING TEST

Author: Florence Goodenough & D.B. Harris

Obtain from: Harcourt, Brace & World, Inc.
7575 Third Avenue
New York, NY

Purpose: To measure general child development based on the relationship between age and the drawing details the child incorporates in the drawing of a human figure.

Skills Measured: General cognitive development and fine motor abilities.

Validity: Moderate, but cautioned about using IQ in same manner as IQ value for more fully standardized scales preductive validity for 1st grade achievement about .50.

Age Range: 3-12 years

Cost: Manual and 35 forms - $6.50

Screener: The instrument is easily administered by a person used to working with children. Scoring requires considerable training and practice.

Children Evaluated as: IQ, Standard scores, percentile ranks

Reliability: Reasonable both test-retest and correlations with other scales (about .50 correlation)

COMMENT: Few reports using Goodenough-Harris Drawing Test as a screening device. Cut off points have not been established. Yet, used with care, the drawing test may be useful for screening school age children.

Test: EARLY CHILDHOOD DEVELOPMENTAL INVENTORY

Author: Wisconsin CESA 1

Obtain from: Mel Natti
CESA #1 Office
502 W. Second St.
Ashland, WI 54806

Purpose: Screen for possible EEN

Skills measured: Vision, hearing, language, cognition, motor, personal-social

Age Range. 0-5

Time: 1 hr. or less

Screener: Trained paraprofessional

Administration: individual

Cost, Reliability, validity: to be determined by 1980

OBJECTIVE IIID

To administer screening instrument.

(IIID) Activity 1 Read the following:

Here are some things to keep in mind when administering a standardized screening instrument:

1. Prepare the environment for testing.
2. Establish good child rapport.
3. Follow standard procedures.
4. Score responses correctly.

1. Prepare the environment for testing.

The room used for screening should be free from distraction and allow the child to feel at ease. The atmosphere should be easy and informal. A city library or an unused school classroom are often good locations for screening.

The presence of others should be kept to a minimum. Sometimes the child's parents may be distracting to the child. Other environmental factors to consider include:

a. Size of room(s)

b. Number and appropriate size of desks and chairs

c. Lighting

d. Availability of restroom and recreation areas

e. Accessibility of each room to other test areas

f. External noise

g. Space for gross motor movement

The examiner should have screening material arranged in an orderly, easy-to-use fashion. Fumbling for a pencil, stop watch, or card may jeopardize rapport and needlessly prolong the test. Materials being presented immediately should be available to the child. The other materials should be kept inconspicuous.

2. Establish Good Child Rapport

Eliciting the child's best efforts and maintaining high motivation are the essence of good testing. Basically, successful examiners are friendly, smile, give the child ample signs of approval ("That was a good try!") and are quite comfortable and confident with children. You should remember to give approval to the child for effort, not for success.

Children should be encouraged to answer the questions correctly, but they should not be urged or "cross-examined." Urging and dragging out responses discourages spontaneous efforts.

Preschool children do not become absorbed in externally imposed tasks easily, their attention is easily distracted, and they are quickly fatigued. Their responses are easily influenced by hunger, restlessness, shyness, and many other factors that are frequently not under the control of the examiner. However, particular care should be taken to see that the child is physically comfortable, well-fed, and well-rested. Providing a small table and chair for the child is usually helpful.

The initial approach to the young child is very important. Presenting the screening items as toys in a game usually elicits the child's attention. Sometimes having one or two interesting toys is helpful. Liberal praising and taking advantage of the child's basic curiosity are the basic tasks of the examiner.

3. Follow standard procedures

Become familiar with the specific instructions for administering the screening items. Usually screening tests are accompanied by a manual in which the actual words are merely sample phrases. Altering a phrase, omitting instructions, adding further explanation may all influence the child's response. Standard conditions are best maintained by following as nearly as possible the conventions established in the test standardization procedures. The items should be presented in the specified order given in the screening manual.

If the child asks what a question means or remains silent it is usually permissible to repeat the question. Of course, any memory test items should not be repeated.

A frequent error of inexperienced testers is to fail to follow up ambiguous responses. Responses that are unscorable because of ambiguity must be omitted. Ambiguous responses should be questioned immediately. (E.g., If you ask "What is this?" When showing a picture of a car and the child replies "ride.")

4. Score Responses Correctly

Usually the screening manual will have specific well-defined scoring rules, standards and sample responses. Sample responses are usually responses given by children during the standardization of the materials. It is usually easy for the examiner to distinguish between obvious plus and minus responses. The "barely positive" and "barely negative" responses are the most difficult.

Each response should be scored independently on its own merit. Examiners should guard against allowing themselves to be influenced by a general impression about the child ("halo" effect). This is particularly important in examining talkative, friendly children who may appear more competent than they actually are.

Most scoring is not purely mechanical. Questions and room for interpretation usually arise. Examiners should try to follow the scoring responses given in the standardization sections as carefully as possible.

Scoring the screening protocol should be done as inconspicuously as possible. Although most preschool children are not concerned about the correctness of their responses, prolonged lingering in scoring will distract most children.

(IIID) Activity 2 Practice administering a screening test you have available to you. You may want to:

1. Read, review, and take notes on the screening manual.
2. Examine the screening items.
3. Practice giving the test to an imaginary child three or four times.
4. Administer the test to an adult.
5. Administer the test to a child of the appropriate age.
6. Administer the test to a typical child (if possible, under supervision).

GOAL IV

The EC:EEN teacher will be able to interpret and report screening results.

OBJECTIVE IVA

Develop a system for recording and reporting screening results.

(IVA) Activity 1   Read the following:

Children may be classified as follows:

1. "Passed" all screening tests and do not seem to need further screening, assessment or special programming.
2. Demonstrated mild to severe handicapping conditions. These children will need to be further evaluated to determine specific areas of difficulty and subsequently placed in an appropriate early educational program.
3. Demonstrated less obvious delays in hearing and/or vision. These children should also be further evaluated to determine the extent of their delay.

4. Demonstrated some difficulties with any of the screening tests or refused to cooperate with the tester, failed to complete the screening tests, and/or demonstrated other behavioral characteristics that may prevent them from doing well in an educational program. These children should receive a "watch" mark and be re-screened in a month, six months, or a year, depending on the age of the child, the degree of difficulty he or she had with the test, and the nature of the test with which the child had difficulty.

In addition to maintaining data on those needing re-screening or further evaluation, data should be maintained for those children who "passed" the screening tests. This data will serve to indicate whether or not the screening instruments used were effective in identifying those children who require special educational programming in their primary school years.

(IVA) Activity 2 — Look at the "Screening Profile" form that follows. You may want to make copies and adapt for your own use.

(IVA) Activity 3 — **Fill out a "Screening Profile" form based on the case study of Chuck Stiles (attached).**

Screening Profile

Date of Test: ______ (yr) (mo) (da)
Birthdate: ______ (yr) (mo) (da)
Interviewer: ______

Child's Name ______ (last) (first)
Parents Name: ______
Screening: ______
Mailing Address: ______
Sex: M F Height ______ Weight ______
PreSchool Experience: ______
Phone: ______

Screening Test Results

	No Problem	Needs Follow-up
Vision		
Dental		
Gross Motor		
Fine Motor		
Articulation		
Language		
Self Help		
Social Emotional		
Cognitive		
Perceptual		

Informal observation during screening:

Interview

Parental Concerns:

Developmental and Medical History.

Present Behavior:

Follow-up Correspondence

Date Sent
______
______
______

No Problem
Re-Screen Date Set For ______
Referred to M-team For Assessment

A-59

EC EEN [illegible] Wisconsin/1979

CASE STUDY

Name: Chuck Stiles

Age: 3-5

Community:

Chuck has recently moved to a small village. It is part of a school district that includes small towns as well as rural areas. The school district has just begun a cooperative EC:EEN classroom. The school district has a new Director of Special Education, one psychologist, three speech/language clinicians, social worker, a EC:EEN teacher, and an aide. Classroom runs four mornings a week and home visits are scheduled biweekly. Head Start program is also available.

The family has moved frequently, most recently from Alabama to Wisconsin and now to the present address. The mother has full responsibility for the three children, and also works the evening shift (3-11 p.m.) in a local factory. She completed junior year of high school. The oldest child, Junior, is 5 years and enrolled in kindergarten where he is experiencing academic, speech, and behavior problems. Chuck's younger sister, Sally, is 2 years and may be experiencing speech and language problems.

While in Alabama, Chuck had two seizures within two months, was evaluated and placed on Dilantin. Respiratory problems seem to bother all of the children. Other agencies involved include:

1. A medical clinic that regularly checks Chuck for level of Dilantin has done a speech/language evaluation that indicates possible 11 month delay in articulation and language development.
2. Speech/language intervention was begun in another Wisconsin community. (Records were sent for but never received.)
3. Social Services
4. Local church help with food and personal support

Screening results indicated:

CA	3-5
Physical Age	
Gross:	3-4
Fine:	3-0
Social Age:	2-10
Cognitive:	3-0
Communication:	2-4
Medical:	
Dental	uncooperative--unable to test
Vision	
Hearing	

Behaviors Observed:

Interested in testing equipment but very short attention span (2-3 minutes). Responded only to very simple direct commands. Mother and aides experienced difficulty confining him to play area prior to testing. Interaction was with toys rather than other children.

OBJECTIVE IVB

Communicate screening results to parents.

Here are some things to keep in mind when informing parents of screening results:

1. Inform parents of results as soon as possible.
2. Describe generally the areas in which the child was screened.
3. Describe generally how the child performed in all areas.
4. Use terminology that is easily understood by parents, avoiding professional jargon.
5. Clearly state the implications of the screening results.
6. Clearly explain where and to whom a parent may direct questions and concerns.
7. Inform parents of other services available for young children in the community (see interagency module).

If the child demonstrated no difficulties with the screening measures, a letter such as Sample Letter to Parents #1 may be sent to the parents to inform them that the child performed adequately on all of the areas and requires no further assessment.

If the screening data indicates that the child should be re-screened or evaluated, a school conference or home visit should be arranged to discuss the screening results and implications. (See Sample Letter to Parents #2). Caution should be taken here not to unnecessarily alarm the parents by indicating that the child "failed" or that the child has been diagnosed as having a particular "problem" or "disability."

If the child simply did not complete screening, but seems to be functioning at a level that would be expected for his or her age, parents merely may be encouraged to participate in a subsequent screening or have the child screened in another year.

If, however, screening indicates that further assessment or special programming may be necessary, a letter similiar to Sample Letter #3 should be sent.

The following main points should be taken into consideration in the home visit or school conference:

1. Participants may include any of the following: principal, school psychologist, professional associated with the child's area of difficulty. However, it is suggested that only 2-3 school personnel represent the team because more than this may be threatening to the parent(s).
2. Reiterate the purpose of screening to parents.
    a. Emphasize that the screening results indicate that the child may have a problem in a given area, not that the child has a diagnosed, confirmed problem.
    b. Explain that the child is not being labeled or diagnosed by the screening.
    c. Explain that the purpose of further assessment is to get a clearer picture of the child's performance in a given area.
3. Describe the skill areas screened. (Present sample test items to give parents a clearer picture of what the test measures.)
4. Describe how the child performed.
    a. Emphasize the child's strengths as well as weaknesses.
    b. Explain that not all children develop all skills at the same rate.

5. Ask parents about their questions and concerns.
6. Provide for parents available resources which the school may not provide (e.g., ENT specialist).
7. Provide parents a list of activities they may do at home with their child to help facilitate development of a particular skill.
8. Schedule re-screening or a formal assessment.

STRADDLE JUNCTION SCHOOL DISTRICT

Sample Letter to Parents--#1 (No Problems)

(Date)

Mr. & Mrs. ________________

(Address)

Re: (Child's Name)

Dear Mr. & Mrs. _______________:

Recently your child has been involved in the preschool screening program conducted by the ___________________________________ school district. We are pleased to report that he did well in all areas of the screening.

If you have any questions regarding specifics of your child's performance, please feel free to contact me.

Sincerely,

(Ms.) Jane Coltes
Screening Team Coordinator

Sample Letter to Parents #2

April 25, 1978

Mr. & Mrs. ____________________
(Address)

Re: (Child's Name)

Dear Mr. & Mrs. ____________________:

Recently your child was involved in the preschool screening program conducted by the _________________________school district. Results of this testing indicate that some difficulty was experienced in certain areas. For this reason, I would like to meet with you to discuss the results more specifically and suggest a plan for further evaluation.

Please contact me by phone (748-9217) or letter to arrange a time when we can meet at the Administration Building. I will be looking forward to meeting with you.

Sincerely,

(Type Name Here)
Screening Coordinator

Sample Letter to Parents #3

STRADDLE JUNCTION

RE: ______________________________
(Full Name of Student)

REFERRAL DATE: ____________________

Recently your child was involved in the preschool screening program conducted by the _________________ school district. As a result of this screening, we suspect your child may have an exceptional educational need. I am making a referral for evaluation to the Director of Special Education.

____

____
Position

In order to determine whether or not your child has an exceptional educational need that may require special education, a multidisciplinary team (M-team) will need to do individual testing and other kinds of evaluation. The M-team will include at least two of the following: regular education teacher, exceptional education teacher, speech and language therapist, school social worker, and school psychologist. The team may also include others as appropriate.

You will be invited to:

1. Provide information about your child.
2. Discuss your child's educational needs.
3. Discuss reports of the M-team members.
4. Assist in planning your child's future educational program.

Before we can proceed with the M-team evaluation, we require your written approval. Will you please sign the enclosed form and return two copies to your school in the envelope provided. The third copy you may keep for your records.

If you have any questions or concerns, please feel free to telephone the school.

Sincerely yours,

____
Director, Specialized Educational Services

____
School Telehphone

____
Principal

Distribution:
White copy: Director of Special Education
Yellow copy: Parent
Pink copy: Local School

PARENT ACKNOWLEDGEMENT OF REFERRAL AND CONSENT FOR EVALUATION

TO: STRADDLE JUNCTION SCHOOL DISTRICT

RE: ______________________________
Full Name of Student

This is to indicate that I have been notified that my child is suspected of having an exceptional educational need, and that a referral has been made to exceptional education.

______ I GIVE MY CONSENT for individual testing and other kinds of evaluation by a multidisciplinary team (M-team) to determine whether or not a need exists for exceptional education.

Parent ______________________________

Address ______________________________

Date ______________ Telephone ______________________________

______ I DO NOT GIVE MY CONSENT for individual testing and other kinds of evaluation by a multidisciplinary team (M-team) to determine whether or not a need exists for exceptional education.

Parent ______________________________

Address ______________________________

Date ______________ Telephone ______________________________

Distribution:

White Copy: Director of Special Education
Yellow Copy: Parent
Pink Copy: Local School

GOAL V

The EC:EEN teacher will be able to assist in the evaluation of a screening program.

OBJECTIVE VA

Review the mechanics of the screening program with **school personnel.**

(VA) Activity 1	Revise and adapt the following form to your own needs. Ask staff involved in your screening to fill out a copy.

SCREENING PERSONNEL

EVALUATION FORM

NAME: ______________________________ POSITION: ______________________________

Use the following scale for your ratings:

1. Unmet--give more attention next year
2. Partially met
3. Adequately met

Add any subjective observations in the column labeled "Comments". Comments may include statements leading to alternative strategies and/or reasons why particular techniques were helpful.

AREA	RATING	COMMENTS
I. Screening Goals		
a.		
b.		
c.		
II. Resources		
a. Program Personnel		
b. Space		
III. Involvement		
a. Parents		
b. Program Personnel		
c. Administrators		
d. Teachers		
IV. Screening Instruments		
a. Covered basic skills		
b. Age - appropriate		
c. Medical aspects		
d. Time required to administer		
e. Ease of administration		
V. Personal Aspects		
a. Parents comfortable		
b. Children comfortable		
VI. Follow-up		
a. Time between screening and team meeting		
b. Parent notification/ involvement		
c. Clarity of summary report		
d. Team approach to follow-up		
e. Arrangement of follow-up assessment and/or programming		

[illegible] Wisconsin/1979

OBJECTIVE VB

Evaluate parental concerns and attitudes toward the screening effort.

Parents of preschool children frequently have many misconceptions of the screening process and may be quite fearful of the results. Parents may fear that their child will be excluded from normal kindergarten or be labeled as retarded or in need of special help even before attending school. Parents attending screening sessions frequently ask:

--What does it mean if my child fails the screening tests?

--Is there anything I should do at home for my child before kindergarten?

--Who are the people doing the testing?

--If my child fails the screening, should I keep him at home another year before sending him to kindergarten?

These concerns are best expressed in a face-to-face discussion with the parent(s).

(VB) Activity 1	The following form may be used to gather feedback about the mechanics of the screening program. REVIEW the form. REVISE the form to fit your school district's needs. REQUEST the parents at your next screening session to fill out the form.

PARENTAL SCREENING

EVALUATION FORM

NAME: ______________________________ DATE: ______________________________

Use the following scale for questions that ask for your rating.

1. Inadequate
2. Adequate
3. Very Satisfactory

AREA	RATING	COMMENTS
I. Awareness		
How were you informed about the screening? (Check)		
_____ Letter		
_____ TV		
_____ Radio		
_____ Newspaper		
_____ Friend, neighbor, relative		
_____ Poster		
_____ Brochure		
II. RATE how well the staff:		
a. Explained purpose of screening		
b. Answered your questions		
c. Described the schedule		
d. Reported the results		
III. RATE the extend to which staff made your child feel comfortable		
IV. Additional Comments		

NOTES:

1. John Meier, *Screening and Assessment of Young Children at Developmental Risk* (Washington, D.C.: President's Committee on Mental Retardation, Department of Health, Education, and Welfare, 1973), p.3.

2. John Meier, *Developmental and Learning Disabilities*: Evaluation, Management, and Prevention in Children (Baltimore: University Park Press, 1976), pp. 45-48.

3. A. H. Hayden and E.B. Edgar, "Identification, Screening, and Assessment," in J. B. Jordan, et al., eda., *Early Childhood Education for Exceptional Children* (Reston, Virginia: The Council for Exceptional Children, 1971), p.73.

4. Adapted from (1) Bureau for Exceptional Children (Division for Handicapped Children), "Child Find/School Census Guidelines" (Madison: Wisconsin Department of Public Instruction), Bulletin 78-6, and (2) Division of Handicapped Children, "An Alternative Method of Identifying Children with Exceptional Educational Needs" (Madison: Wisconsin Department of Public Instruction, Nov., 1973).

5. Frances H. Hale and Diane R. Justin, eds., *Early Educational Planning, A First Look* (Cumberland-North Yarmouth, Maine: Project Maine Stream Outreach Program, 2nd edition, 1978), p.51. Used by permission.

6. Compiled from (1) W.K. Frankenburt and B.W. Camp, eds., *Pediatric Screening Tests* (Springfield, Illinois: Charles C. Thomas, 1975); (2) John Meier, *Screening and Assessment of Young Children at Developmental Risk* (Washington, D.C.: President's Committee on Mental Retardation, Department of Health, Education, and Welfare, 1973); (3) John Meier, *Developmental and Learning Disabilities: Evaluation, Management, and Prevention in Children* (Baltimore: University Park Press, 1976); and (4) Lee Cross and Kenneth Goin, eds., *Identifying Handicapped Children* (New York: Walker and Co., 1977).

ADDITIONAL RESOURCES:

Cross, Lee. "Identification of Young Children with Handicaps: An Overview." *Planning Programs for Early Education of the Handicapped*. Edited by N.E. Ellis and L. Cross. New York: Walker and Co., 1977.

DeVold, R. R., Hodson, W.A., and Schubert, A. *Screening Pre-School Children: Design and Implementation*. Brattleboro, Vermont: Winston Prouty Center for Child Development, Inc., 1975.

Frankenburg, W.K. "*Increasing the Lead Time for the Pre-School Aged Handicapped Child*." in *Not All Little Wagons Are Red*. Arlington, Virginia: Council for Exceptional Children, 1973.

Hale, F.H. and Juster, D.R. *Early Educational Planning, A First Look: How to Plan and Implement a Preschool Screening Program*. Cumberland-North Yarmouth, Maine: Project Maine Stream Outreach Program, Second Edition, 1978.

Hermon, M.L. *Identifying Handicapped Children for Child Development Programs*. Atlanta, Georgia: Humanities Press.

Hodgden, L. and Koetter, J., Laforse, B., McCord, S., Schramm, D., *School Before Six: A Diagnostic Approach*. St. Louis, Missouri: CEMREL Institute, 1974.

Johnson, D.G. and Bommarito, J.W. *Tests and Measurements in Child Development: A Handbook*. San Francisco: Jossey-Buss Inc., 1971.

Kakalik, J.S., Brewer, G.D., Dougharty, L.A., Fleischauer, P.D., Genensky, S.M., and Wallen, L.M. *Improving Services to Handicapped Children*. Santo Monica, California: The Rand Corporation, 1974.

Meier, John H. *Developmental and Learning Disabilities: Evaluation, Management and Prevention in Children*. Baltimore: University Park Press, 1976.

ASSESSMENT

The EC:EEN teacher will be able to assist in the assessment of children's motor, language, cognitive, social-emotional, and self-help development.

Arleen Diem, Chairperson

Janelle Johnson-Jenkins
Professor
UW-Oshkosh

Rick Offner
Psychologist
Portage

Dr. William Reece
Professor
UW-Eau Claire

Dr. Lean
Professor
UW-Whitewater

Mary Berg
Home Trainer
Sturgeon Bay

Nancy McLeod
EC:EEN Teacher
Monroe

Dr. Efner
Professor
UW-Whitewater

Dr. Darvin Miller
EC:EEN Professor
UW-Stevens Point

PURPOSE

By law, children have the right to an appropriate education in the least restrictive environment. Decisions regarding the most appropriate environment and the most appropriate intervention strategies for an individual should be data-based decisions. Assessment is the process of collecting that data necessary for educational decision making.

Those who work with children have a tremendous responsibility; assessment results are used to make decisions that directly and significantly alter children's lives. If assessment results are misinterpreted or misused, these decisions can adversely affect children and limit their life opportunities. Those who assess are responsible for knowing the purposes and procedures of assessment, and the assumptions underlying it.

This module aims at helping you acquire that knowledge. The activities will provide information about assessment instruments, the interpretation of assessment results, the relationship between assessment and educational intervention, and the role of various professions in educational assessment. You can use this module by yourself to increase your skill in assessing young children for the purpose of providing appropriate educational services. The activities can also serve as starting points for sharing viewpoints and information in group situations such as inservices, workshops, or discussion groups.

Assessment is a multifaceted process that involves more than the administration of a test. This module will increase skills that are necessary for your vital part in the assessment process.

ASSESSMENT

The EC:EEN teacher will be able to assist in the assessment of children's motor, language, cognitive, social-emotional, and self-help development.

GOAL I The EC:EEN teacher will be able to define assessment and describe the M-team process.	GOAL II The EC:EEN teacher will be able to select, administer, and develop appropriate assessment procedures and instruments.	GOAL III The EC:EEN teacher will be able to interpret and relate assessment results.	GOAL IV The EC:EEN teacher will be able to evaluate assessment procedures.
The EC:EEN teacher will be able to: Objective A describe the responsibility of various professionals in the M-team's assessment process. Objective B define assessment and compare different types of measurements.	The EC:EEN teacher will be able to: Objective A gather information from caregivers on child's background and performance. Objective B select and administer a formal assessment tool. Objective C develop and utilize tools to assess children's performance through observation.	The EC:EEN teacher will be able to: Objective A relate assessment findings to developmental milestones and guidelines for determining an EEN. Objective B incorporate assessment data into a final M-team report.	The EC:EEN teacher will be able to: Objective A evaluate how accurately assessment procedures identify and place young handicapped children. Objective B describe the use of assessment to evaluate children's progress.

Vocabulary

M-team--multidisciplinary team (hence, M-team) of individuals who are assigned to a particular case

Case Manager--professional who coordinates the child's case during the M-team process (may be the EC:EEN teacher)

Criterion-Referenced Assessment--comparing an individual's performance with a specific behavioral standard of proficiency

Norm-Referenced Assessment--comparing an individual's performance on a standardized instrument with the performance of peers (norm group)

Standardized Test--test designed to provide a systematic sample of individual performance, administered according to prescribed directions, scored in conformance with definite rules, and interpreted in reference to norms

GOAL I

The EC:EEN teacher will be able to define assessment and describe the M-team process.

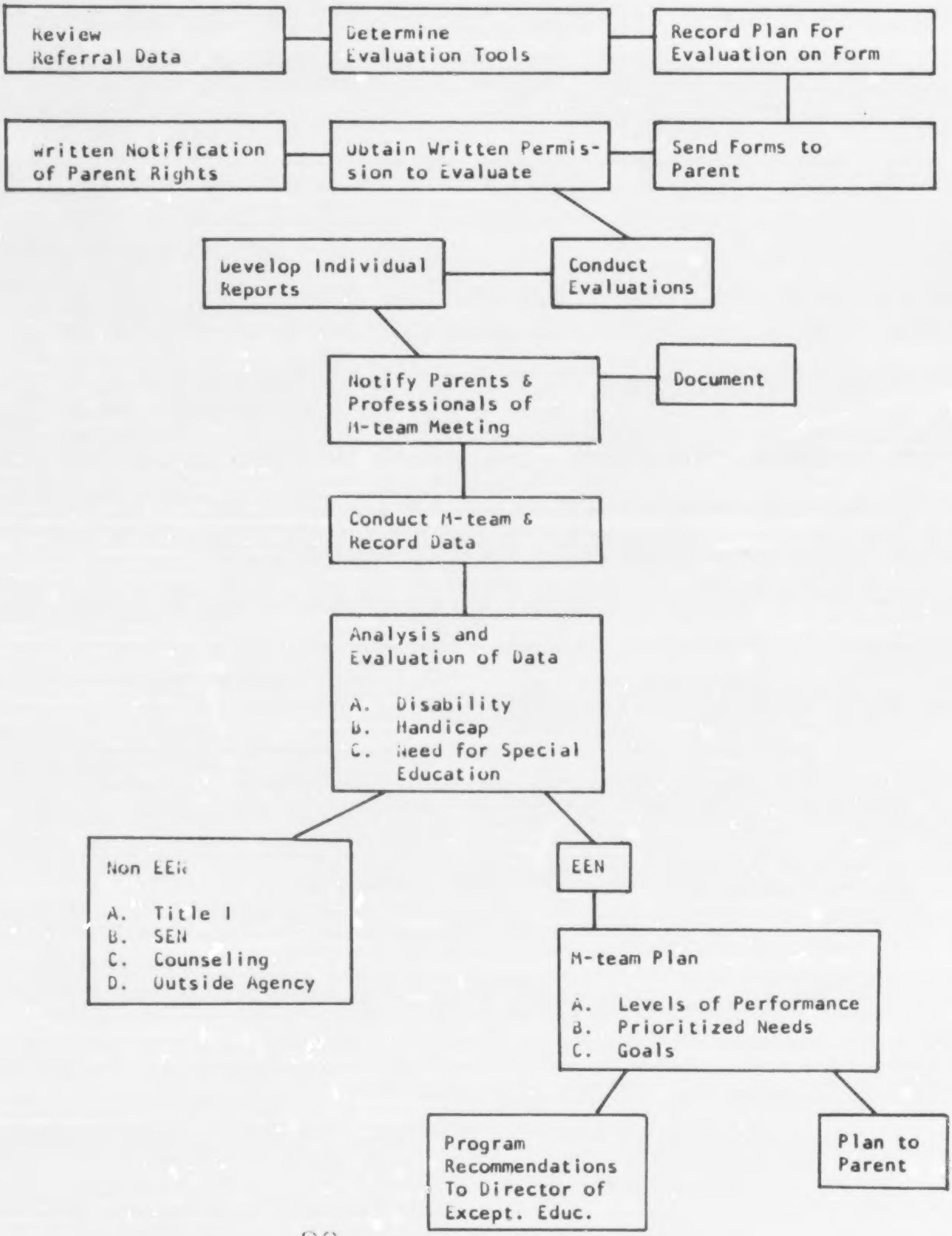
OBJECTIVE IA

Describe the responsibility of various professionals in the M-team's assessment process.

We utilize assessment tools to determine if a child has an exceptional educational need. As case managers, teachers need to be familiar with the steps of the M-team process and the professionals who need to be involved in it.

(IA) Activity 1	Review the following chart of the M-team process as it relates to assessment:

M-TEAM PROCESS
AS IT RELATES TO ASSESSMENT


Review Referral Data
Determine Evaluation Tools
Record Plan For Evaluation on Form
Written Notification of Parent Rights
Obtain Written Permission to Evaluate
Send Forms to Parent
Develop Individual Reports
Conduct Evaluations
Notify Parents & Professionals of M-team Meeting
Document
Conduct M-team & Record Data
Analysis and Evaluation of Data
A. Disability
B. Handicap
C. Need for Special Education
Non EEN
A. Title I
B. SEN
C. Counseling
D. Outside Agency
EEN
M-team Plan
A. Levels of Performance
B. Prioritized Needs
C. Goals
Program Recommendations To Director of Except. Educ.
Plan to Parent

(IA) Activity 2 List all the professionals who might play a role in the assessment process of your children. Consider people from your school, community, and state.

Did you consider the following:

School-related personnel:

1. EC:EEN teachers--planning, administration, and interpretation of both formal and informal assessment procedures
2. Speciality teachers (LD, ED, etc.)--planning, administration, and interpretation of assessment procedures in their areas of speciality
3. Other teachers (kindergarten, nursery school, et al.)--planning administration and interpretation of both formal and informal assessment procedures, assessment of child in yet another environment
4. Psychologist--planning, administration and interpretation of formal and informal assessment procedures (especially indications of intellectual skills), can interpret testing jargon, the meaning of different test scores, and instrument uses and limitations, can assist in setting up behavior management programs
5. Parents--can give background information on developmental milestones, daily functions, can record daily progress data
6. Guidance counselors--assess social-emotional development of child, family stress, behavior management
7. Speech and language clinicians--plan, administer, and interpret formal and informal assessment of oral mechanisms, hearing, pre-speech, language level, alternative communication, and ability to handle stimulation.

8. Occupational therapist and physical therapist--planning, administration and interpretation of formal and informal assessment of physical development, speech, functional self-care, etc.; assessment of habilitative (as well as detrimental) positioning, activities, materials, stimulation, etc.
9. Diagnostic teacher--Direct planning, administration and interpretation of formal and informal assessment
10. Support teacher--assist in assessment as part of M-team, assist teacher in interpretation of M-team recommendations, liaison between agencies assessing a child
11. Social worker--obtain permission for assessment, gather background data, assess family structure and dynamics, liaison between agencies, coordinate community resources
12. CESA or CHCEB--SEIMC offers materials for assessment, specialists through CESA assess in their speciality area (e.g., vision, hearing); CESA or CHCEB can offer inservices on assessment
13. Education aides--administer informal assessment procedures, keep daily progress data

Community related personnel:

1. County or city nurse--medical background, home and family situation, present medical concerns, recommendations by physician that still need to be followed-up
2. Physician--present physical condition and its educational implications
3. Medical specialists (opthamologists, otologists, audiologist, orthopedist, physiatrist, et al.)--plan, administer and interpret assessment in their speciality areas
4. Hospital/clinic/private PT's, OT's and speech therapists--plan, administer, and interpret formal and informal assessment (in addition to school PT, OT and speech therapists)

5. Family service facilities--assess home and family situations, background information
6. County welfare board/family case worker--assess home and family situation, background information
7. Family Service/private guidance counselors, mental health workers, social workers, psychologists--assess in much the same way as school psychologists, social workers, and counselors; may have background information

Regional Personnel:

1. Hospital/clinics/medical diagnostic centers--offer different medical/educational assessment programs including neurological examinations, (e.g., Central Wisconsin Center, Southern Wisconsin Center, Northern Wisconsin Center, Marshfield Clinic, Gunderson Clinic, Waisman Center, University Hospitals)
2. University Departments (speech and language clinics, etc.)--can often conduct assessment
3. State Schools for the Deaf, Blind--formal assessment of overall development and specific disability, serve as M-team members

OBJECTIVE IB

Define assessment and compare different types of measurements.

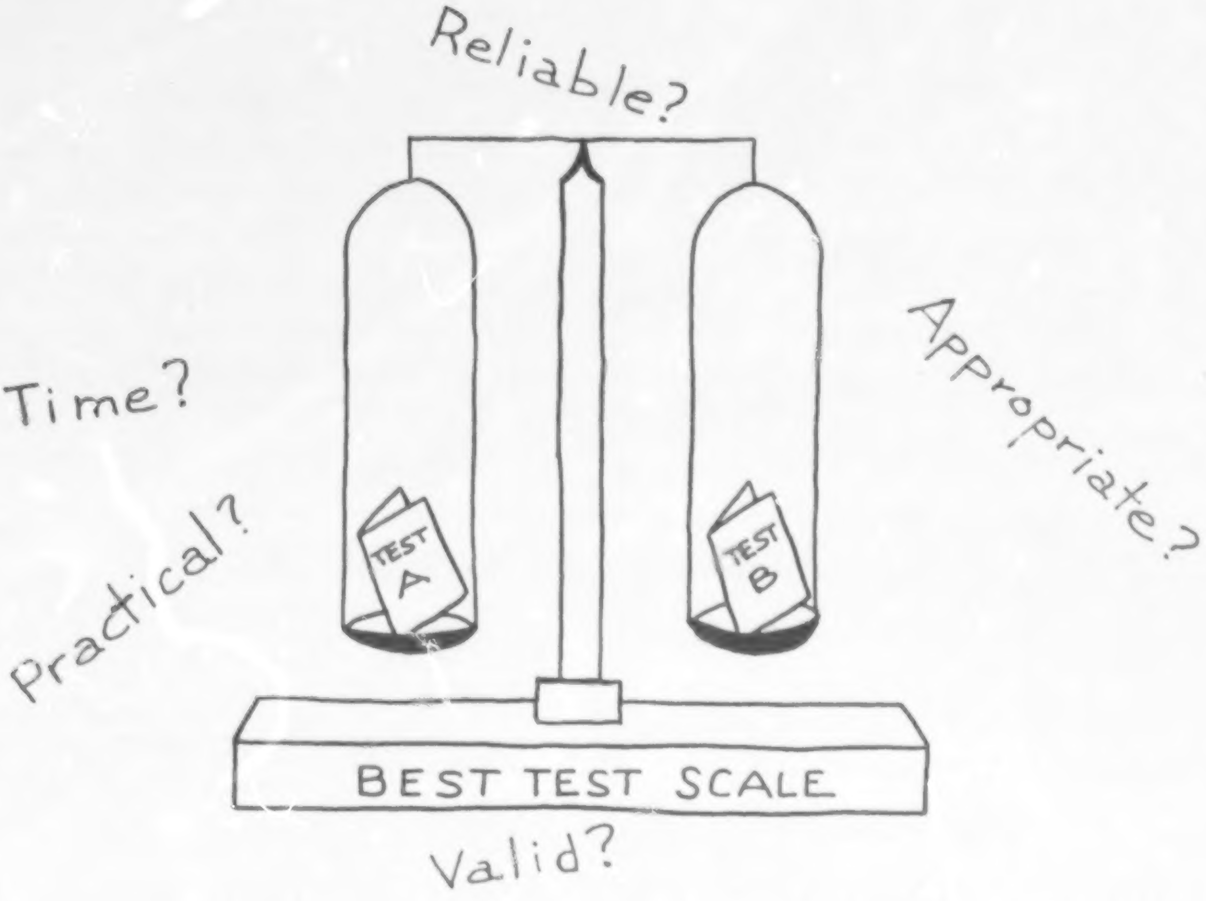
(13) Activity 1 Read the following:

Why do we assess children? The rules that site the M-teams's responsibilities state that "the teacher shall conduct and document any interviews, observations, informal and formal, norm- and criterion-referenced tests required to reach educational conclusions."[1]

We seek these "educational conclusions" for a few reasons. Initially assessment results guide the M-team in determining the need for special education, and if there is a need, in recommending an appropriate placement. A norm-referenced instrument is suggested for this purpose. In addition to determining present levels of functioning, assessment provides the teacher with "entry level" data. It allows for summative data to be collected at the end of the year if the same assessment instrument is used as a post test.

We also assess children to plan instruction. For this purpose a criterion-referenced instrument is suggested. Criterion-referenced assessment usually reveals strengths and weaknesses in the different areas of development; it leads to both a corrective and developmental approach.

We also assess children to plan intervention techniques and monitor their progress. Diagnostic teaching, observational data, and other informal assessment methods can provide us with this type of information.


Reliable?
Time?
Practical?
Appropriate?
TEST A
TEST B
BEST TEST SCALE
Valid?

One current issue in assessment concerns the distinctions between, and relative advantages and disadvantages of, norm-referenced and criterion-referenced measurement (NRM and CRM). Criterion- and norm-referenced instruments and considered formal assessment tools.

Norm-referenced measurement is the result of early efforts to find a uniform method of measuring children's abilities and educational progress. NRM compares a child's performance on a standardized instrument with the performance of peers. The emphasis is on the relative standing of individuals, from those who have learned many skills to those who have learned few skills. Norm-referenced instruments include:

1. aptitude tests
2. achievement tests
3. interest, personality, and attitude inventories

COMPARISON OF NORM-REFERENCED AND CRITERION-REFERENCED MEASUREMENT

NRM	CRM
1. Comparison of one's score is made to others' scores (norms)	1. Comparison of one's score is made to a specified behavioral criterion of mastery
2. Based on content common to schools nationwide	2. Based on content specific to your class
3. Focus is broad, covering large areas on content or skills	3. Focus is narrow, covering specific units of instruction or development
4. Standardized	4. Usually not standardized, usually teacher-made
5. Published test is fixed at that point in time that it was standardized, not flexible to change	5. Flexible to change at any time
6. Information is obtained under "ideal conditions"	6. Information can be obtained under ideal or natural conditions
7. Uses of NRM	7. Uses of CRM:
a. Selection decisions--choosing one individual over another by comparing them	a.
b. Prediction decisions--when trying to predict success, it helps to know how one compares with those he will compete with	b.
c. Placement decisions--see how one compares with the group he will be placed with	c. Placement decisions--can decide where in an instructional sequence a child should start
d. Helpful in screening to identify those having particular kinds of difficulties	d.
e.	e. Planning instruction--identifies specific skills a student does or does not have and leads directly to writing instructional objective
f.	f. Monitor one's progress

Criterion-referenced measurements assess an individual's mastery of a specific set of behaviors. These behaviors are often closely linked to instructional objectives. Test items sample sequential skills, enabling a teacher to know the specific point at which to begin instruction.

(1B) Activity 2 Read the comparison table of norm-referenced and criterion-refereneed measurements.

(1B) Activity 3 Read the following:

Informal procedures are also used to assess children. One type of informal assessment is observation. According to Ten Brink, "Any skills which are themselves observable (singing, dancing, gymnastics, speech) or which yield observable end products (writing, drawing, painting) can be assessed through the use of observation."[2] Some common uses of observation are:

1. Assessing attainment of an objective where no tangible product is produced, such as class participation, peer interaction
2. Assessing personal-social adjustment by rating students on characteristics such as cooperativeness, awareness
3. Recording critical incidents of spontaneous behavior in order to determine any patterns of behavior over a period of time
4. Recording data about a "hunch" they have concerning a child's behavior
5. Assessing whether or not a given behavior exists

(IB) Activity 4 Read the following list of advantages and disadvantages to the technique of observation.[3]

Acquiring Assessment Data through Observation

Advantages	Disadvantages
1. Assesses child's behavior in a natural setting	1. Can be time consuming
2. Is highly accurate and specific	2. The very presence of an observer may alter the situation to such a degree that the individual being observed is also altered
3. Frequent observations can provide a continuous check on a student's progress, and corrective action can be taken quickly	3. Validity and reliability are sometimes weak
4. Observation is not as threatening to the student as are tests	4. Sometimes difficult to define the behaviors to be observed
5. Can record spontaneous incidents which do not lend themselves to other forms of assessment	5. Sometimes difficult to decide what inferences one can draw from the data
6. Direct the teacher's attention to a specific behavior	6. Difficult to maintain objectivity when recording observations
7. Can be used as a supplement to testing information	7. Incidents read out of context can be misinterpreted
8. Provide a more thorough description of a child than other assessment forms	

Observed performance can be assessed using anecdotes, checklists, and rating scales. Important data can also be collected through an interview, using a questionnaire with someone who knows the child well (e.g., parents).

GOAL II

The EC:EEN teacher will be able to select, administer, and develop appropriate assessment instruments and procedures.

OBJECTIVE IIA

Gather information from caregivers on child's background and performance.

(IIA) Activity 1	Review the following questionnaire. Who would be interested in this information? Has this information already been collected by another staff member or agency? How much of this information do you really need to know?

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HUMAN DEVELOPMENT CENTER

DEVELOPMENTAL QUESTIONNAIRE[4]

BACKGROUND INFORMATION

I. IDENTIFICATION

NAME ____________________ SEX ___ RACE ____ DATE __________

BIRTHDATE __________ AGE ______ NUMBER OF BIRTH CERTIFICATE __________

ADDRESS ____________________ PHONE ________ WHERE BORN ______

SCHOOL __________ CITY __________ COUNTY __________

DISTRICT NO. ________ TEACHER __________ GRADE __________

VERIFIED BY ______________ MARITAL STATUS OF PARENTS __________

NAME OF FATHER ______________ ADDRESS ______________

FATHER'S OCCUPATION ______________ WHERE BORN ______________

NAME OF MOTHER ______________ ADDRESS ______________

MOTHER'S OCCUPATION ______________ WHERE BORN ______________

NAME OF STEP PARENT ______________________________

SIBLINGS	AGE	GRADE

OTHERS LIVING IN HOME ______________ RELATIONSHIP __________

FAMILY KNOWN TO FOLLOWING SOCIAL AGENCIES: (Please enclose agencies' reports)

__________	University Clinic	__________	Div. of Voc. Rehab
__________	Development Eval. Center	__________	State Hospital
__________	County Mental Health	__________	Other
__________	Division Crippled Children	__________	

REFERRED BY ______________ ADDRESS ______________

II. REASON FOR REFERRAL ______________________________

____

____

____

____

____

III. GENERAL DEVELOPMENT

PREGNANCY AND BIRTH HISTORY

What illnesses and/or accidents occurred during pregnancy?____________________
____
Did mother have any miscarriages or stillbirths?____ Length of labor__________
Age of mother at child's birth_____ Any unusual problems at birth? (If so, describe)
____
Were drugs used?____ Instruments____ Were there bruises or abnormalities of child's head?____ Other abnormalities_________________ Were drugs used during the pregnancy (If so, what were they?)____
Birth weight___________ Infant require oxygen?____ Infant "blue" at birth?________
Jaundiced?_____ Any health problems during first two weeks of life?(Describe)______
____
At what age did infant regain birth weight?______________________________________

DEVELOPMENTAL HISTORY

At what age did the following occur:
Held head erect while lying on stomach_____ Smiled_____ Sat alone unsupported______
Crawled______ Walked unaided_______ Dressed and undressed himself_______________
Fed self with spoon______ Maintained bladder and bowel control while awake________
while asleep_______________ Had first tooth__________
Does child seem awkward or uncoordinated?___________________________________
Does child have chewing or swallowing difficulties?____________________________

Interview notes:____
____
____
____

LANGUAGE HISTORY

Did child babble and coo during first six months?______ When did he use first words meaningfully (not in imitation)?____________
Estimate how many works presently in child's vocabulary (check one)
Under 25______ 25 to 75______ Over 75________ Has his vocabulary increased?__________
Decreased?______ When did he begin to use two-word sentences?___________________
Uses Speech (check one): Frequently______ Occasionally_____ Seldom_____ Never________
Prefers to communicate with (check only one): Gestures_______ Sounds______ One or two words______ Phrases______ Complete sentences____________
If he prefers gestures to speech, give examples:________________________________
____
How well is he understood by parents:____
Brothers, sisters and playmates?____
Others_____________________ Does he look at family members when they are named?____
Does he point to common objects when asked "Show me the____" or "Where is the ___?
________ Will he follow simple directions such as "Get me the _____"?____________

IV. MEDICAL HISTORY

At what ages did any of the following illnesses or operations occur?

	Age	Severity		Age	Severity
Whopping Cough			Earaches		
Mumps			Running ears		
Scarlet Fever			Chronix colds		
Measles			Head Injuries		
Chicken Pox			Venereal disease		
Pneumonia			Asthma		
Diphtheria			Allergies		
Croup			Convulsions		
Influenza			Encephalitis		
Polio			High Fevers		
Headaches			Typhoid		
Sinus problems			Tonsillitis		
Meningitis			Tonsillectomy		
Rickets			Adenoidectomy		
Rheumatic Fever			Mastoidectomy		
Cleft Palate			Kidney disease		

Describe any other operations the child has had ______________________

____

Where has he been hospitalized? ______________ When? ________

Name/Address of attending physician ______________________

Describe any serious illnesses he has had ______________________

____

What illnesses have been accompanied by extremely high fever? ________

Temperature ________ Duration of high fever ________

Describe any deformities the child has ______________________

Have the child's eyes been examined? _____ When? ________ By Whom? ________

Results ____

Is the child now under special care of a physician? _____ Why? ________

Is he now under special care of a dentist? _____ Why? ________

Is he presently taking any medication? _____ What? _____ Why? ________

VII. DIFFICULTIES IN SPECIFIC SKILLS: (check)

VISUAL: confusion or reversal of letters_____ confusion of words __________
choppy eye movements in reading______ poor eye focus in close work____________
in distant work_______ other (specify)____________________________________
____

AUDITORY: confusion of sounds_______ difficulty in understanding conversation
________ difficulty in expressing ideas______ unable to produce rhythmic
taps or simple melody___________ difficulty in memory __________________
Other (specify)____

VOCABULARY: limited_______ misuse of words________ adequate_____________
above average_________ speech difficulty________ Other (specify)__________
____

MOTOR SKILLS: difficulty in fine coordination_________ in gross coordination
_________ Other (specify)____

VIII. DAILY BEHAVIOR (outside of school)

Does the child have a sleeping problem? (Explain)______________________
Eating problems? (Explain)____
Difficulty concentrating?_______ If given a choice, does he tend to play alone,
or with other children?_________ Ages of playmates___________________
How well does he get along with other children?_______________________
With adults?____
Is it difficult to discipline the child? (Explain as fully as possible)______
____
____
____

Describe the child's favorite play activities_________________________
____

Describe any unusual behavior_____________________________________
____

Interview Notes: ____
____
____
____

EXPLAIN ANY OF THE ABOVE SECTIONS_________________________________
____
____
____
____
____
____
____
____
____

Language History cont.

Please answer the following with a "yes" or "no" for each year.

	1st Year	2nd Year	After 2nd Year
Generally indifferent to sound			
Lack of response when spoken to			
Responded to noise and not voice			
Less than normal amount of crying			
Less than normal amount of laughing			
Head banging or foot stamping			
Yelling or screeching to attract attention or express annoyance			
Marked alertness to gesture, facial expression, and movement			

Do you think he hears adequately?____ If not, what do you feel is the reason?
____
Does his hearing or speech appear to be constant or does it vary?______________
______________ Is his hearing poorer when he has a cold?______________

Interview notes:____
____
____

We often utilize questionnaires in an interview. Interviews, whether informal and unstructured, or formal and highly structured can provide us with information about opinions, interests, behavior, interpersonal relationships, feelings, etc. Interviewing is a highly flexible technique because we can reword questions, add new questions, clarify information not understood, pursue interesting topics as they arise, or change the line of questioning altogether. The advantages of the interview are that it allows you to obtain information that is hard to obtain in any other way, it often uncovers unexpected information, it allows you to obtain information of a highly personal nature, and it is a very flexible technique. The major disadvantages are that the information is highly subjective, it is time-consuming, and it may be very threatening to the **person** being interviewed.

Keep these suggestions in mind to ensure an effective interview:

1. Explain the purpose of interview--how information will be used.
2. Be positive, use positive statements.
3. Keep counseling principles in mind.
4. Ask open-ended questions, questions that ask for descriptions rather than yes/no answers.
5. Don't push just to finish your list of questions--use as many sessions as needed to establish rapport and to keep it.

(IIA) Activity 2

When interviewing a parent or previous teacher about a child, we often need to ask questions that may trigger many emotions. Restate the following questions so that they reflect more sensitivity for the parent or teacher.

For the parent:

1. How early did your child learn to walk, talk, and become toilet trained?
2. Have there been any severe disabilities within the families, retardation, epilipsy, emotional problem?
3. Does your child go to sleep easily for you?
4. Have you or your husband had a college education?
5. What did you do when your child had a temper tamtrum, and why?

For a previous teacher:

1. Was this child difficult for you to control in class?
2. How were you able to motivate this child?
3. How much progress did this child make in your class?
4. Why didn't you coordinate your efforts with the efforts of the kindergarten teacher?

Did you consider the following in your reworded questions?

For the parent.

1. "When did your child... is better. The words "how early" may put parents on the defensive if their child's development is delayed. It might be less threatening if this type of question were asked on a questionnaire form that all parents answer.
2. Eliminate the word severe. Substituting medical or learning concerns for the word disabilities would ease the situation. If the parent had dealt with this question on a questionnaire before coming to the interview, she or he might be better prepared to discuss any "touchy" information.

3. Eliminate any reference to "for you." This implies that you are really trying to question the parent's competence. "What are your child's sleeping habits?" is better. When asked in an open-ended manner, it could lead to questions about eating habits, play habits, etc.

4. This again is a question better included in a questionnaire than in an interview. If it is necessary to ask it in an interview, it would be better to ask "How many years of education have you completed?"

5. An open-ended question such as "How does your child handle frustrating situations?" will allow the parent to talk more freely. "What is your reaction?" or "What have you found to be successful in handling his frustration?" will take the threat out of the question while still allowing you to find out information about the parent's management techniques.

For a previous teacher:

1. Eliminate the phrase "for you." Ask the teacher to describe the problems the child had and in what situations.

2. Take the blame off the teacher's shoulders. "What kinds of things seemed to help motivate this child?" would be better.

3. "Describe the progress the child made this year." is less threatening. Give specific cues such as motor, self-help, etc. "What is the child's rate of learning?" is another way of phrasing the question.

4. "Describe what efforts were made to coordinate the kindergarten and the EC:EEN program?" or "What other personnel were involved with the child?" or "Describe the interaction between you and the kindergarten teacher."

OBJECTIVE IIB

Select and administer a formal assessment tool.

When selecting assessment procedures and instruments think about the following.

1. Consider the children to be tested. Do they have any special limitations?
2. What areas are to be tested?
3. What kinds of decisions will be made with the assessment results?

(IIB) Activity 1	Begin a test file inventory. You may choose to arrange your test evaluations by categories (achievement tests, aptitude tests, developmental inventories, social-emotional, speech and language, visual-perceptual-motor, etc.). Sample test forms can also be included. If you find fault with an assessment instrument, include an evaluation of the instrument in your test file so that you remember the faults in the future. Your test file can be consulted when you are selecting assessment instruments, or when you interpret another's report about a child's assessment. (If they mention certain tests, you can refer to your test file to find out a purpose, types of scores, etc.) The following form illustrates one way to record some general information about your test.

ASSESSMENT INSTRUMENT REVIEW FORM

Name:

Author:

Publisher and Date (standardization/revision):

Purpose of the Instrument:

Complete below on basis of your practical experience, not the publisher's advertisement.

Cost
- admin. time
- per pupil costs for consumables
- scoring, recording

Appropriateness
- age range of children
- for specific handicaps
- stimulating appropriate responses
- appealing to children

Results
- norm-referenced
- criterion-referenced
- valid
- reliable
- predictive
- diagnostic

may by beyond what you can statistically check

Practical Features
- overall impression
- organization
- eye appeal
- durability
- ease of administration
- ease of scoring
- ease of recording
- procedures for interpreting scores
- procedures for reporting scores
- adequacy of manual
- other positive
- other negative

Publishers' catalogs will give you brief descriptions of the test, what the results might be used for, levels, cost, and administration time. For further examination and evaluation of instruments see Buro's Tests in Print (see Additional Resources at end of the module). It is a comprehensive listing of the published tests. It gives title, levels, publication dates, special features, scores provided, authors, and publishers. Buro's Mental Measurements Yearbook (1938, 1940, 1949, 1953, 1959, 1965, 1972) will help you evaluate your instruments. It contains more complete descriptions and critical reviews by specialists. It includes a bibliography of journal articles that have been written about each test. Other articles can be located by referring to Psychological Abstracts and the Education Index.

These readings will also help in evaluating the following:

1. Validity--degree to which a test measures what it intends to measure
2. Reliability--extent to which a test is consistent in measuring what it measures
3. Norm group--specific groups of children on which the test was standardized (should be as similar as possible to the group you will be assessing)

A bibliography of assessment instruments follows.

ASSESSMENT INSTRUMENTS[5]

A. General Tests of Intelligence and Development

AAMD ADAPTIVE BEHAVIOR SCALE
Madow, A. A., Leland, H., Libby, B. C., and Nihira, K.
Washington, DC: American Association on Mental Deficiency, 1974
Age: 3 to 69 years

The ABS was developed to assess the behavior of exceptional persons (mentally retarded, emotionally maladjusted, developmentally disabled). Divided into 2 parts, the first section includes 10 behavioral domains and 21 sub-domains. The second part measures maladaptive behavior related to personality disorders and includes 14 domains. The scale is completed first on third-party assessment, or by interview. It generally takes only 20 minutes to complete, and is useful for pre- and post-testing situations.

Norms are reported in deciles for ages 3 upward. They were standardized on approximately 4,000 residents in 68 institutions across the United States.

BALEY SCALE OF INFANT DEVELOPMENT
Bay, N.
New York: Psychological Corporation, 1969
Age: 2 to 30 months
Administration Time: 20 min.

Consisting of three parts (Mental Scale, Motor Scale, and Infant Behavior Record) the BSID measures responses to visual and auditory stimuli, object manipulation, and social interactions. There are items measuring shape discrimination, memory, problem solving, and concept development, as well as gross and fine motor skills. The third section attempts to tap various emotional and social behaviors. The scales are intended for both clinical and research purposes, but the author warns against their use for predicting later abilities. They are useful in diagnosing sensory and neurological problems. An asset is the scales' careful standardization.

BRIGANCE DIAGNOSTIC INVENTORY OF EARLY DEVELOPMENT

Albert Brigance
Curriculum Assoc., Woburn, MA 01801, 1978
Ages: 0 to 6

A comprehensive inventory which was designed to be used in programs for infants and children below the developmental level of 7 years. It includes speech, language, general knowledge and comprehension and early academic skills. The inventory offers a wide range of assessment methods.

CAROLINA DEVELOPMENTAL PROFILE

Lillie, D. L.
Chicago: Science Research Associates, 1975
Ages: 2 to 5

A criterion-referenced checklist for programming for individualized instruction, this assessment provides the basis for the Developmental Task Instruction System designed by Lillie. It includes areas of gross motor, fine motor, visual perception, reasoning, receptive language and expressive language.

CATTELL INFANT INTELLIGENCE SCALE

P. Cattell
New York: The Psychological Corporation
Ages: 3 to 30

A downward extension of Stanford Binet Intelligence Test. Teachers will find the clear directions for test administration and illustrative photos extremely helpful. Takes 20 to 30 minutes. 100 items which utilize perceptive discriminations involving color, shape, size, use, number, kind, missing parts and symbolic materials. Each item has a series of 3 to 5 drawings from which the child selects per the examiner's command.

COGNITIVE SKILLS ASSESSMENT BATTERY

Boehm, A. E., and Slater, B. R.,
New York: Teachers College Press, 1974
Ages:

Individual criterion-referenced inventory of preschool and kindergarten children. Competence areas include: Orientation to Environment, Coordination, Discrimination, Memory, and Comprehension and Concept Formation. There are items that require the use of pencils. The test can be administered in about a half-hour by a trained aide or teacher. An advantage is the provision of a profile of strengths and weaknesses in cognitive and motor areas, which may be useful in determining objectives.

COLUMBIA MENTAL MATURITY SCALE

Bessie Burgemeister, Lucille Hollander Blum and Irving Lange
Brace & World, Inc., Third Ed. (1954-72)
Mental ages 3 to 12
Relatively short time to administer.

Designed to measure intelligence of handicapped children. A pictorial type classification test which only requires a pointing response.

COOPERATIVE PRESCHOOL INVENTORY
Caldwell, B. M.
Reading, MA: Addison-Wesley Testing Service, 1970
Administration Time: 15 min.
Ages: 3 to 6 1/2 years

The CPI is an individual intelligence-oriented test designed to determine readiness for school tasks. It is not a culture-fair test as its purpose is to assess the disadvantage a child may have at school entry. There are 64 items distributed across 4 areas: personal-social relationships, associative vocabulary, concepts-numerical, and concepts-sensory. The directions are verbal (there are English and Spanish directions) and responses are verbal and motor. The test takes about 15 minutes to administer. Norms are based on a sample of over 1,500 children in Head Start classes.

DETROIT TESTS OF LEARNING APTITUDE
Baker, H. J., and Leland, B.
Indianapolis: Bobs-Merrill, 1966
Age Norms: Age 3 to adult

This battery has been revised periodically since 1935. The current edition contains 19 subtests which are administered individually. The teacher may choose those considered appropriate for use, although a minimum of 9 and maximum of 13 are suggested. Although MA norms are given, the test's advantage is its amenability for diagnostic purposes. It is easily administered (30 to 90 minutes) and scored.

GESELL DEVELOPMENTAL SCHEDULES
Knobloch, H. and Passamanick, B. (Eds.)
New York: Harper and Row, 1974
Age Norms: 4 weeks to 60 months, suitable for use with normal and handicapped children.

Individual developmental assessment of infants and preschoolers, useful for differential diagnosis of handicapped children. Device should be used only by professionals with clinical training and experience. Developmental Age is determined from profiles and Developmental Quotient computed. experience and training are required.

HISKEY-NEBRASKA TEST OF LEARNING APTITUDE
Hiskey, M. S.
Lincoln, NE: Union College Press, 1966
Age Norms: 3 to 18 years

Individually administered. Developed originally for deaf children, the test is usable for children with communication problems. There are also norms for its use with hearing children. The examiner must be a qualified clinician with training in the administration of the test.

INFANT BEHAVIOR INVENTORY

E. Schaefer, M. Aaronson
Available from TADS, 500 NCNB Plaza, Chapel Hill, NC 27514
Ages: 1 to 3

The Infant Behavior Inventory (for ages one to three) consists of 115 descriptions of possible infant behaviors (e.g., "Readily responds with a smile to a friendly person"; "Seems to enjoy most things that he does"). The observer describes the child, for each item, as "very much like", "somewhat like", "very little like", or "not at all like". Dimensions covered by the items are attentiveness, belligerence, cheerfulness, concentration, contentment, distractibility, enthusiasm, fatigue, fearfulness, gregariousness, hyperactivity, inquisitiveness, irritability, monotonous behavior, negative affect, negativism, passivity, perseverance, positive social response, rapidity, self-consciousness, verbal expressiveness, and withdrawal. A form for display is given, but there are no norms.

INFANT LEARNING ACCOMPLISHMENT PROFILE

Anna R. Sanford
Kaplan School Supply Corp., 600 Jonestown Rd., Winston-Salem, NC

A profile similar to the Learning Accomplishments Profile **but geared for infants.**

LEARNING ACCOMPLISHMENT PROFILE--DIAGNOSTIC EDITION

Chapel Hill, NC: Chapel Hill Training-Outreach Project,
Ages: 1 to 6

Evaluates child's skills in six areas: gross motor, fine motor, social, self-help, cognitive, and language. Subtests can be used separately. The project is supported by the Office of Child Development and Bureau for Education of the Handicapped, DHEW USOE.

THE LEXINGTON DEVELOPMENTAL SCALE

Irwin, J. V., Ward, M. N., Deen, C. C., and Greis, A. B.
Lexington, KY: United Cerebral Palsy of the Bluegrass, 1973 (rev. 1975)
Age Norms: Actually 2 scales; Infant, for birth to age 2, and Early Childhood, for 2 through 6.

Designed as an assessment tool for teachers, a basis for planning individual programs, and as an aid to help parents understand their child, the LDS evaluates the child's performance in 5 areas: Motor, Language, Personal-Social, Cognitive, and Emotional. A short form has been developed which assesses the first four areas. It has been suggested for use as a screening device. A graph of the child's performance on individual items is useful for planning educational programs.

THE LIVING ROOM SCHOOL COGNITIVE ASSESSMENT INVENTORY
Nassau Co. Board of Cooperative Educational Services, Jericho, NY
Division of Plans and Supplementary Centers, BCSE, (73)
Available: Board of Cooperative Educational Services of Nassau County, Salisbury Center, Valentines Road and The Plain Road, Westbury, NY 11590
Ages: 2 to 5 years

The inventory is an individually administered procedure designed to assess the cognitive skills of preschool children enrolled in the Living Room School (LRS) program. It was developed to measure change in the cognitive behavior of the 2 to 5-year-old child as well as to diagnose his performance patterns in order to formulate an individualized program commensurate with his needs. The 66 items are grouped into 11 subtests: Body Parts, Colors, Shapes, Size, Classification, Numbers, Positional Relationship, Zipper Frame, Button Frame, Scissors, and Large Motor Coordination. Items are grouped in a hierarchical order by two or three levels of difficulty. Any person, given the necessary training, can administer the inventory.

MCCARTHY SCALES OF CHILDREN'S ABILITIES
McCarthy, D.
New York: Psychological Corporation, 1972.
Age Norms: 2 1/2 to 3 1/2 years

The MSCA provides 6 separate scores: Verbal, Perceptual-Performance, Quantitative, Composite (general cognition), Memory, and Motor. Delp suggests the tests can be used with children who have various disabilities as long as care is taken and some adaptations are made. Careful standardization.

MINNESOTA CHILD DEVELOPMENT INVENTORY
Ireton, H. R., and Thuring, E. J., 1972

The Minnesota Child Development Inventory (MCDI) measures the development of preschool-age children, using an inventory format to obtain mothers' observations. The four MCDI scales (General Development, Fine Motor, Expressive Language, and Comprehension-Conceptual) and the MCDI profile as a whole corresponded well with the conclusions of psychological evaluations in a study by Harold Ireton and others.

MINNESOTA PRESCHOOL SCALE
F. L. Goodenough, K. M. Maurer, and M. J. Van Wagenen
Circle Pines, MN: American Guidance Service, Inc.
Ages: 6 months to 5 years

Assesses development of mental ability in children of age six months to five years. Two parallel forms are available. Items pertain to pointing out parts of the body or objects; naming familiar objects; copying; imitative drawing; block building; response to pictures; Knox cube imitation; obeying simple commands; comprehension; discrimination, recognition, or tracing of forms, naming objects from memory; colors; incomplete pictures; picture puzzles; digit spans; paper folding; absurdities; vocabulary; imitating clock hands; and speech. The test has verbal, nonverbal, and total scores for children three to five years of age, and total scores for younger children. The examiner should have considerable experience in the testing of young children and some practice with the test materials.

ORDINAL SCALES FOR INFANT PSYCHOLOGICAL DEVELOPMENT
Uzgaris, I.C. and Hunt, J. McVicker
Urbana, IL: University of Illinois Press, 1975
Population: Birth to 24 months

Criterion-referenced scales related to 6 areas: visual pursuit and performance, obtaining desired environmental events, vocal and gestural imitation, operational causality, object relations in space, and schemes for relating to objects. The scales may be administered in several sessions. The examiner(s) attempts to elicit behaviors which are organized in hierarchical sequences according to development. Since it is a fairly new test, and since it is not normed, there are no validity or reliability data.

PEABODY PICTURE VOCABULARY TEST
Dunn, L.M.
Circle Pines, MN. American Guidance Service, 1970
Age Norms. 2 years to adult

Child responds to verbalizations by pointing. An individual intelligence test, the PPVT actually measures the child's hearing vocabulary. Therefore, he must have adequate hearing and sight, and understand American English. It requires 15 to 20 minutes to administer. With practice, teachers may use it. The PPVT is appropriate for use with mentally retarded children. Since the test depends on the child's ability to hear and to process auditory information, it is not appropriate for use with children who have language problems.

PORTAGE GUIDE TO EARLY EDUCATION
Portage, WI: Portage Preschool Project, 1969
Age. Birth to 6 years

Developed as part of the Portage Project, a home-based early intervention program, the guide includes a checklist of behaviors and a card file containing curricular activities. Addresses 5 developmental areas. cognitive, self-help, motor, language, and socialization.

PREPRIMARY PROFILE
H. J. Schiff M. I. Friedman
Science Research Associates

The Preprimary Profile is a rating form on which the parent describes some areas of the child's experiences. Areas (unnamed on the form) in which parents give the information are self-care, classroom management (behavior with peers), skill development (muscular coordination), language development (reading and arithmetic readiness), and previous experience. Ratings are designed to be informative and non-threatening. For example, in the language development area, the parent can rate items such as "tells colors of things" and "tells time" as "not yet", "just beginning", or "very well." Self-care item such as "washes his hands and face" can be answered with "not yet", "needs a lot of help", "needs a little help", and "needs no help." The rating form is called Introduction to My Child. Also available is a letter to parents describing the scale. There are no norms, but a section on "How to Interpret and Utilize Profile Results" is included in the Teacher's Handbook.

PRESCHOOL ATTAINMENT RECORD (RESEARCH EDITION)
Doll, E. D.
Circle Pines, MN: American Guidance Service, 1966
Age Norms: 6 months to 7 years

A scale of 96 items, the PAR is similar to the Vineland in format. It covers 3 main areas, each broken down into sub-areas: Physical-ambulation, manipulation; Social-rapport, communication, responsibility; Intelligence-information, ideation, creativity. An interview-type, the information can be supplied by persons familiar with the child (teacher, parent). Since standardization has not yet been normed, there are no validity or reliability data. The test is currently most useful for the profile which can be used by the teacher as indication of special strengths and weaknesses. According to some research studies, the PAR correlates with the Gesell and Vineland, and is useful with children with neurological impairments and cerebral palsy.

PRESCHOOL PROFILE
Seattle, WA: Seattle OCD-BEH Collaborative Project

Developed at the Model Preschool Center for Handicapped Children at the University of Washington, the Preschool Profile is intended as a tool for assessment that allows for visually charting the child's development.

PROJECT MEMPHIS: ENHANCING DEVELOPMENTAL PROGRESS IN PRESCHOOL EXCEPTIONAL CHILDREN
Quick, A. D., Little, T. L., and Campbel, A. A.
Belmont, CA: Fearon Publishers, 1974
Population: Birth to 5 years

Designed to provide teachers with an organized program for mildly handicapped children, Project Memphis contains three components: (1) a developmental evaluation, called the Comprehensive Developmental Scale; (2) an individualized educational program, called the Developmental Skill Assignment, including record charts and, (3) the Continuous Record. The program emphasizes abilities, not disabilities, and includes 5 areas: personal-social, gross motor, fine motor, language, and perceptual-cognitive. A positive element is the involvement and participation of parents.

PSYCHOEDUCATIONAL EVALUATION OF THE PRESCHOOL CHILD
Jedrezak, E., Klapper, Z., Pope, L., and Wor
New York: Grune & Stratton, 1972
Population: 3 to 6 years

Based on the Haeussermann program (with which the teacher must be familiar), the test serves also as a guide for programming for young children. It can be used for children with severe handicaps. With practice, the teacher can administer the evaluation.

PSYCHOEDUCATIONAL PROFILE

Schopler, Erick, and Reichler, Robert J.
North Carolina University, Chapel Hill. School of Medicine.
Available: Child Development Products, Division TEACH, Dept. of Psychiatry,
School of Medicine, Health Affairs, Univ. of North Carolina, Chapel Hill, NC 27514
Ages: 1 to 12 years

The Psychoeducational Profile (PEP) offers a developmental approach to the assessment of autistic and psychotic children as well as children with rélated learning disabilities. The PEP provides information on developmental functioning in the areas of imitation, perception, motor, eye-hand integration, cognitive performance, and cognitive verbal skills. As a diagnostic tool, the PEP identifies the degrees of behavioral pathology or psychosis in the areas of affect, relating, cooperating and human interest, play, and interest in materials, sensory modes, and language. The PEP consists of a set of toys and play activities presented to a child by an examiner who also observes, evaluates, and records the child's responses. The child's scores are distributed among seven function scales, thus yielding a profile depicting relative strengths and weaknesses in different areas of development and behavioral pathology.

THE STANFORD-BINET INTELLIGENCE SCALE (REVISED)

Terman, L. M. and Merrill, M. A.
Boston: Houghton-Mifflin, 1960
Age Norms: 2 to 16 years

Individually administered by a trained clinician, the RSB requires the child to respond to a variety of tasks. During the early years they are primarily motor and perceptual in nature. After age 6, the tasks become primarily verbal. This test is a good predictor of school success, whatever its disadvantages for use with culturally different children. The original edition of the Stanford-Binet established the concept of Mental Age as a basis for comparing the functioning of children in the United States. Historically, the Binet is the standard most universally accepted as representing the "intelligence", or skills needed to succeed and to profit from schooling.

WABASH DEVELOPMENTAL CHECKLIST

From The Wabash Developmental Guide For Early Developmental Training
Wabash Center, 2000 Greenbush, Lafayette, IN 47904

The checklist is included in the Wabash Training Guide. Sequential approach to each developmental area. Excellent guide to aid the teacher in planning individual programs.

WECHSLER PRESCHOOL AND PRIMARY SCALE OF INTELLIGENCE

Wechsler, D.
New York: Psychological Corporation, 1967
Age Norms: 4 to 6 1/2 years

Like the WISC, the WPPSI subtests are divided into two categories, Performance and Verbal, and the test yields a score for each, plus a Full Scale IQ. The WPPSI is composed of 11 subtests, eight of which were scaled down from the WISC. The test must be administered only by a trained psychologist or clinician.

B. Social-Emotional Tests

CAIN-LEVINE SOCIAL COMPETENCY SCALE
L. F. Cain, S. Levine and F. F. Elzay
Palo Alto, CA: Consulting Psychologists Press
Ages: Mentally Retarded children 5-13

Rating Scale based upon information from parents in areas of self-help, initiative, social skills, and communication.

CALIFORNIA PRESCHOOL SOCIAL COMPETENCY SCALE
Levine, S., Elzay, F. F., and Lewis, M.
Palo Alto, CA: Consulting Psychologists Press, 1969
Age Norms: 2-6 through 5-6

Technique: Rating scale. Intended to measure independence, interpersonal behavior and social responsibility. Norms are based on teacher ratings of children who attended preschool or nursery school. Scale relies on judgment of rater (teacher, parent). It has 30 items on a 4 point scale. Provides percentile norms for four age groups, sex and socio-economic status. Adapted from Cain-Levine Social Competency Scale.

DEVELOPMENTAL THERAPY OBJECTIVES RATING FORM (DTORF). The Rutland Center Model for Treating Emotionally Disturbed Children
M. M. Wood
Rutland Center, Developmental Therapy Model, 1972
698 North Pope Street, Athens, GA

The rating form is used for the selection and recording of each of the 144 Developmental Therapy Representative Objectives. These specific ratings cover Behavior, Communication, Social and Pre-Academics. The form records milestones already mastered and the objectives for the next treatment period.

GOODENOUGH HARRIS DRAWING TEST
Harris, D. B.
New York: Harcourt, Brace & Jovanovitch, 1963
Age Norms: 3 to 15 years

A revision of the 1926 edition of the Goodenough Draw-a-Man Test, this is a group test requiring the child to draw a man, a woman, and 'yourself.' Each drawing is scored for 73 elements. The child must have good eye-motor control. Since the results depend on the child's drawings, which reflect educational influences and opportunity for experiences, the test may not be appropriate for use with economically depressed or culturally different children. While this test is easy to administer and interesting to most young children, it taps restricted abilities.

C. Tests and Surveys of Motor and Perceptual Development

AYRES TESTS OF MOTOR AND PERCEPTION
Ayres, A. J.
Los Angeles: Western Psychological Services
A series of tests published as the following:
- Southern California Kinesthesia and Tactile Perception Test, 1966
- Southern California Motor Accuracy Test, 1964
- Southern California Figure-ground Visual Perception Test, 1966
- Ayres Space Test, 1962
- Southern Californai Perceptual Motor Tests, 1965-69

All are designed for use with young children, mostly from age 3 or 4 to around age 8 to 10. They are clinical devices intended to evaluate dysfunction in various neuromuscular and perceptual areas. However, reliability coefficients are too low to be used diagnostically. Developed by Ayres, an occupational therapist, most norms are given in terms of standard scores for age levels.

BRUININKS-OSCRETSKY TEST OF MOTOR PROFICIENCY
Robert H. Bruininks
American Guidance Service, 1978
Ages: 4 1/2 to 14 1/2 years

A wide range test of motor development. Recent revision of the original Oseretsky scale. Subtests include running speed and agility, balance, bilateral coordination, strength, upper limb coordination, response speed, visual motor control and upper limb speed dexterity.

THE FROSTIG DEVELOPMENTAL TEST OF VISUAL PERCEPTION
Frostig, M., Lefever, W., and Whittlesey, J.R.B.
Palo Alto, CA: Consulting Psychologists, 1966
Age Norms: 3 to 8 years

The DTVP was designed as a screening device for use with younger children, or as a clinical instrument for older children with learning disabilities. The five operational areas identified by Frostig as perceptual skills (eye-motor coordination, figure-ground, constancy of shape, position in space, and spatial relationships) have not held up in research, and various factor analysis of the test found it taps a general perceptual skill with a secondary motor factor.

GROSS MOTOR OBSERVATIONS
University City School District, MO: 1969

Gross Motor Observations is a test for preschool children which measures motor skills. Individual administration takes only two to three minutes and items are scored 0-3, low to high. The child is asked to perform a series of simple physical tasks which reveal the level of his motor ability. No skill is required for either administration or scoring and the only necessary equipment is a balance beam. (PR)

MOTOR-FREE VISUAL PERCEPTION TEST
Colarusso, R. P., and Hammill, D. D.
San Rafael, CA: Academic Therapy, 1972
Age Norms: 4 to 9 years

The authors developed a test of visual perception uncontaminated by motor integration (copying, tracing). The child points to one of 4 choices for 36 items which tap spatial relationships, discrimination, figure-ground, closure and memory. The test is individually administered, and takes about 10 minutes. It can be given by the teacher or aide after training. This test, unlike most tests of visual perception, can be used with children who have motor handicaps, or who have not had experience using pencils or crayons.

A MOTOR DEVELOPMENT CHECKLIST
Anna M. Doudlah, Ph. D., Research Scientist
Central Wisconsin Center for the Developmentally Disabled
317 Knutson Drive, Madison, WI 53704

Intended for use in recording the developmental gross motor progress of normal and developmentally disabled children. It is used most accurately by persons who have viewed and studied the sequence of motor development described in the videotape.

D. Tests of Communication

ASSESSMENT OF CHILDREN'S LANGUAGE COMPREHENSION
Foster, C. R., Giddan, J. J., and Stark, J.
Palo Alto, CA: Consulting Psychologists Press, Inc., 1969
Ages: 2 to 6

Since the test requires the child to identify pictures containing one of several verbal elements, it measures receptive language while not requiring expressive verbal ability. It is not comprehensive, but may be useful to determine a child's ability to integrate and retain verbal information bits.

BZOCH-LEAGUE RECEPTIVE-EXPRESSIVE EMERGENT LANGUAGE SCALE
K. R. Bzoch and R. League
Gainesville, FL: The Tree of Life Press, 1970-71
Ages: 0 to 3

The Bzoch-League Receptive-Expressive Emergent Language Scale aids the evaluator in investigating emergent expressive and receptive language skills in very young (birth through three years) children, and in detecting handicaps in language acquisition. The scale contains items for specific age periods, half of which deal with receptive language and half of which deal with expressive language. There are six items for each month for the first year, six items for each two-month interval for the second year, and six items for each four-month period for the third year. The scale can usually be completed by an interview with the mother or principal caretaker, although occasionally direct observation is necessary.

CARROW ELICITED LANGUAGE SURVEY
Learning Concepts, 2501 N. Lamar, Austin, TX 78705

Utilized by speech clinicians to measure the child's productive control of grammar. Clinician uses sentence repetition to elicit language from child. Specific information on child's language structure is provided.

COMMUNICATIVE EVALUATION CHART FROM INFANCY TO 5 YEARS
R. Anderson, M. Miles, and P. Matheny
Cambridge, MA: Educators Publishing Service, Inc., 1963-64

The Communicative Evaluation Chart for children from infancy to five years of age gives an impression of the child's overall abilities. Some items require a response from the child while most of them can be reported. From twelve to twenty-five items are given for the ages three months, six months, nine months, one year, one and one-half years, two years, three years, four years, and five years. Half the items deal with the development and comprehension of language as a communicative tool, while the other half deal with physical growth and development, motor coordination, and visual-motor responses.

HOUSTON TEST FOR LANGUAGE DEVELOPMENT
M. Crabtree
Houston, TX: The Houston Test Company

The Houston Test for Language Development provides a measure of language development from infancy to the age of six. The test includes two parts--the first consists of noting characteristics after observation (e.g., "talks to himself spontaneously", "uses present and future", etc.). In the second, the examiner uses vocabulary cards, miniature objects, crayons, and drawing paper to evaluate the child. The test takes about thirty minutes. Scoring is similar to the Binet (normed on a small group of white children) with basal and ceiling ages for groups of tasks.

ILLINOIS TEST OF PSYCHOLINGUISTIC ABILITIES
Kirk, S. A., McCarthy, J. J., and Kirk, W. D.
Urbana, IL: University of Illinois Press, 1968
Age Norms: 2 to 10 years

An individually administered test, the ITPA was designed to measure intra-individual differences, and each subtest purports to tap a discrete ability across three dimensions: level, process, and channel of communication.

MILLER-YODER TEST OF LANGUAGE COMPREHENSION
J. Miller and D. Yoder
Communication Development Group, 1134 Winston Drive, Madison, WI 53711
Ages: 3 to 6 years

Assesses comprehension of syntax and morphology.

NORTHWESTERN SYNTAX SCREENING TEST
Lee, L. L.
Evanston, IL: Northwestern University Press, 1971
Age Norms: 3 through 7-11

An individual screening test of the child's knowledge and use of syntax. The child must have adequate hearing and sight. Two sets of picture plates (one for receptive, one for expressive language assessment) are used to determine comprehension and formulation of the basic structure of English. The child points to an approximate picture in Set 1, and says a sentence when the examiner points to a picture in Set 2. Norms are reported in percentiles based on a standardization sample of 344 from age 3-0 to 7-11. None of the subjects had language or developmental problems, and attended nursery and public schools. They came from middle and upper-middle class families, and spoke the standard American dialect.

PEABODY PICTURE VOCABULARY TEST
L. M. Dunn
American Guidance Service

The PPVT is assumed to measure recognition (hearing) vocabulary by having a child identify correct pictorial representations (from among four alternatives) in a series as the examiner speaks a word corresponding to each picture. It was originally designed to predict school success and results obtained from its use are often taken to estimate roughly a child's "verbal intelligence." Items are arranged from simple to complex. This test is suitable for use with children of preschool age and beyond and is easily administered. Further, the PPVT requires little in the way of special training for scoring and interpretation. In general, the reliability of this test is satisfactory, and scores derived from its use are correlated positively with a wide range of other measures of verbal behavior.

SENTENCE REPETITION TASK
Anastasiow, Nicholas J., and Hanes, Michael L.
April 1974

Designed as a diagnostic tool for assisting early childhood and kindergarten teachers, the Sentence Repetition Task seeks to distinguish children who speak a different dialect and are normal in language development from children who speak a different dialect and are developmentally delayed. The instrument focuses on whether a child is repeating abstract terms (Function Words Correct), is developmentally delayed (Function Word Omission), or is reconstructing (word is changed to an equivalent form in poverty vernacular). Sentences were designed to yield two scores, the Reconstruction Score and the Function Word Omission Score.

SEQUENCED INVENTORY OF COMMUNICATION DEVELOPMENT
D. L. Hedrick, E.M. Prather, and A. R. Tobin
Seattle: University of Washington Press, 1975
Ages: 4 months to 4 years

Includes a receptive scale as well as an expressive scale. Involves direct examination of child with some items providing a comparison with parent's report. Manual provides specific item guidelines for scoring.

TEMPLIN-DARLEY TESTS OF ARTICULATION
Templin, M. and Darley, F.
Iowa City, IA: University of Iowa, 1960
Age Norms: 3 to 8 years

Child utters sound elements in isolation, words and sentences. The entire test (141 items) is used for diagnosis, a short form (50 specified items) for screening.

TEST FOR AUDITORY COMPREHENSION OF LANGUAGE
Carrow, E.
Austin, TX: Learning Concepts, 1973
Age Norms: 3 to 6 years

An individually administered test, the child points to the correct drawing (from a choice of three) that correctly fits the examiner's utterance. Included in the 101 items are indicators of the child's receptive proficiency in vocabulary, morphology, and syntax. Both English and Spanish versions are included.

TEST OF LANGUAGE DEVELOPMENT
Newcomer, P. and Hammill, D. D.
Austin, TX: Empiric Press, 1977
Age Norms: 4 to 8-11

Intended to measure receptive and expressive aspects of vocabulary, syntax and morphology, the five subtests are short and easy to administer. There are supplementary tests of sound discrimination and articulation.

THREE DIMENSIONAL AUDITORY DISCRIMINATION TEST
University City School District, MO: 1969

The Three Dimensional Auditory Test measures the preschool child's auditory skills. It requires 3 to 4 minutes individual administration. The examiner needs a collection of props, listed on the score sheet, and a large box in which to place them. These objects are presented to the child in pairs and he is required to discriminate between the similar sounds of single words describing each object in a given pair. The test requires no particular skill for administration.

UTAH TEST OF LANGUAGE DEVELOPMENT
Mecham, M. J., Jex, J. L. and Jones, J. D.
Salt Lake City, UT: Communication Research Associates, Inc., 1958-67
Age Norms: 1.6 to 14

Two portions of the test (the first an informant-interview and the second a direct evaluation of the child) are intended as a measure of the child's receptive and expressive language ability, and of some aspects of conceptual development. Items include repeating digits, copying geometric forms and telling a story.

VERBAL LANGUAGE DEVELOPMENT SCALE
M. J. Mecham
Circle Pines, MN: American Guidance Service, Inc., 1958, 1971

Expansion of the verbal portion of the Vineland Social Maturity Scale. Yields a language age based on characteristics of communication. Observation tool to be filled out by parent or informant well acquainted with child.

QUIET
Testing

(IIB) Activity 2

Select an assessment instrument and review the manual's administration directions. Then locate someone (psychologist, diagnostician, teacher, et al.) who is skilled in the administration of that instrument. Observe them as they administer the instrument to a child.

(IIB) Activity 3

Role-play the administration of the instrument. Have another professional (teacher, psychologist, et al.) pretend to be the child while you administer the test.

(IIB) Activity 4

Ask another professional who is skilled in the administration of the instrument to observe you giving it to a child. Ask for comments as you are administering it, or for written comments to discuss immediately afterwards.

OBJECTIVE IIC

Develop and utilize tools to assess children's performance through observation.

There are several methods for observational assessment: (1) anecdotal records, (2) checklists, and (3) rating scales. Anecdotal records are simply statements of specific incidents. They should contain a factual description of what happened, when it happened, and under what circumstances the behavior occurred. No interpretive statements should be included with an anecdote. Later, go over a number of anecdotes, look for patterns of behavior, and include your interpretations and judgments.

Anecdotal recording is useful for assessing unexpected behaviors, and just as important, for assessing the everyday occurrences that give insight into how a student responds in the classroom. Anecdotal records provide evidence to support opinions that are not testable with more formal and systematic assessment techniques. There are several limitations of anecdotal records: they are less reliable than other forms of assessment, they do not employ time sampling, and it is difficult to maintain objectivity when writing them.

Consider these suggestions for recording anecdotes effectively:[6]

1. Restrict anecdotes to behaviors that can't be assessed by other means.
2. Limit each anecdote to one specific incident; be brief, but include enough detail so that it will be meaningful later.
3. Use a standard form for recording data.
4. Use behavioral terms.
5. Write it down in the order it happened.
6. Record positive as well as negative incidents.

(IIC) Activity 1 Using the above list, critique the following anecdotes.

A.

Today John hit other children three times.

B.

Mary O.--observer
Jane K.--child

10/12/76 just as she entered the room the first morning after one week's absence

Jane walked in the room, smiled at me, took off her sweater and hung it on her hook.

C.

Mary O.--observer
Rose T.--child

1/5/77 during free play before going home.

Heard a commotion in the housekeeping corner. Looked over, Jane was crying and holding her arm, which looked as if someone had hit her. Rose was standing next to her with a guilty look on her face. When I told Rose to sit on a chair, she ran into the book corner. I picked her up and put her on a chair, telling her not to hit other kids. She cried until it was time to go home (3-4 minutes). I feel she does not like others playing happily, and causes a commotion to get attention for herself.

Did you notice the following?

A. This anecdote does not contain some vital information. It should include the name of the child and of the observer. It should include the date, time, and setting so that any patterns among anecdotes can be noted later. The anecdote does not contain information on what happened before and after the hitting incidents, who was hit, how hard, etc. This anecdote will not be very useful when looking later on for patterns of behavior, amount of improvement, etc.

B. The information in this anecdote does not seem to have any relevance to Jane's education. Why would this fact be important enough to record?

C. This anecdote is definitely biased. Personal biases should be kept out of anecdotal recording. Only observable events should be recorded. Interpretations not founded in fact should be omitted. After a number of anecdotes are collected, they can be reviewed. At that time, make interpretations and judgments that are supported by the evidence of the anecdotes.

The anecdote is one form of observational assessment. Another is the checklist. The major value of a checklist is that it can be an easy, objective technique for assessing performance skills that can easily be divided in specific steps.

A checklist consists of a listing of steps, activities, or behaviors that the observer records when the incident occurs. It enables the observer to note only whether a behavior occurs or not. It does not permit the observer to rate the quality of, degree to which, or frequency of occurrence of a particular behavior. In those instances where a sequential order is desired, the observer can readily record the order in which the behavior occurred.

(IIC) Activity 2

Administer a checklist to a child. Have another person (teacher, psychologist, et al.) administer the same checklist to the same child. Then compare the results and discuss similarities and differences. Choose a checklist that assesses one specific behavior, and that can be completed in one session. An example follows.

MEETING STREET SCHOOL[7]
GROSS MOTOR DEVELOPMENT SHEETS
HOME DEVELOPMENTAL GUIDANCE PROGRAM

Name:
Age:

Date of Entry:
Date of Birth:

AGE LEVEL	ACTIVITY	PRESENT	ABSENT
2 weeks	Prone--lifts chin and turns head flexor tone predominant		
	Supine--total flexion/extension movements		
	Marked head lag when pulled to sit Held sitting, head falls forward Stepping if held trunk forward		
1 month	Prone--head rotates to side. lifts head momentarily crouching position		
	Supine--turns head thru 90-degree range ATNR attitude kicking of legs rolls from side to back		
	Pull to sit--head sags and falls back Held sitting--head erect briefly		
2 months	Prone--lifts head in midline repeatedly (non-sustained)		
	Supine--vigorous head turning vigorous kicking		
	Head lag in pull to sit Held sitting--head erect, bobs		

AGE LEVEL	ACTIVITY	PRESENT	ABSENT
3 months	Prone--head rotates and extends lifts head and shoulders, props on forearms on verge of rolling to supine		
	Supine--lifts head slightly arms coming to midline		
	Pull to sit--slight head lag		
4 months	Prone--head held in extension beginning pushing up on hands (one-sided) "swimming" motions		
	Sits with support, head erect, steady		
	Pull to sit (initial head lag only)		
5 months	Pushes up on hands		
	Pivot Prone		
	Creeps on stomach		
	Supine--rolls side to side begins lifting head and shoulders		
6 months	Rolls completely		
	Pushes backward		
	Circular pivoting		
	Weight on 1 arm, reaches with other in prone		
	Toes in mouth		
	Assists in pull to sit		
	Sits momentarily, leaning on extended arms		
	Bounces when held standing		
7 months	Pushes high on hands in prone		
	Lifts head and pulls self to sitting		
	Begins to sit alone momentarily		
	Rotates trunk to reach object		
8 months	Progresses on floor, abdomen/back		
	Attains hands-knees position, rocks		
	Attains sitting with trunk rotation		
	Sits alone, unsteady		
	Placed standing at rail, holds weight		
9 months	Crawls on hands and knees		
	Sits indefinitely		
	Assumes sitting (no assistance)		
	Goes from sitting to prone		
10 months	Pulls to stand at rail		
	"Plops" to sit from rail		

AGE LEVEL	ACTIVITY	PRESENT	ABSENT
12 months	Assumes kneel-stand		
	Crawling plantigrade, extended legs		
	Cruises sidewards at rail, lowers self		
	Walks 1 hand held, wide base, arms flexed, abducted.		
13 months	Stands alone briefly		
15 months	Assumes standing position unaided, from hands/knees		
	Walks alone (few steps, wide base, starts, stops)		
	Falls by sitting		
	Crawls or hitches up stairs		
18 months	Walks alone, fast but wobbly, seldom falls		
	Climbs stairs, one hand held		
	Climbs into adult chair		
	Seats self in small chair		
	Runs stiffly, wobbles, not moving knees much		
21 months	Walks upstairs holding 1 rail		
	Walks downstairs, one hand held		
	Squats in play		
24 months	Walks with heel-toe contact		
	Runs fairly well without falling, ankles and knees more flexible		
	Walks up and down stairs alone, does not alternate		
	Squats, picks up object and returns to standing		
	Kicks large ball without demonstration		

Along with anecdotal records and checklists, rating scales are another form of observational assessment. Rating scales have an advantage over anecdotes and checklists in that they allow an observer to make systematic judgments about the quality or quantity of behavior observed.

A rating scale usually consists of a set of behaviors to be judged and some kind of scale representing different degrees of the attribute under observation. A scale defines an underlying continuum marked off in units. Scales are usually divided into an odd number of points.

Rating scales can be numerical:

Circle the number that best describes this student's relationship with classmates, using this key:

5 = Excellent
4 = Above average
3 = Average
2 = Below average
1 = Poor

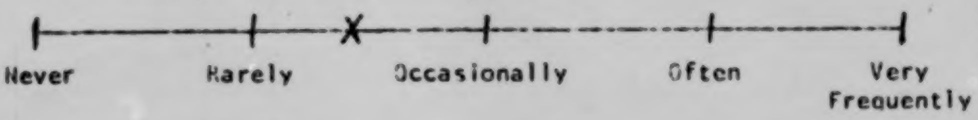
1) Enjoys playing with others 1 [✓ 2] 3 4 5
2) Can share materials 1 2 [✓ 3] 4 5

ETC.

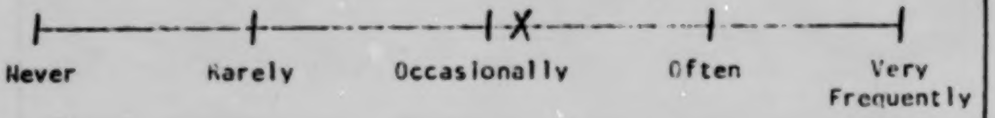
or graphic:

Place an "X" on the line at the place that best describes this student's relationship with his classmates.

1) How often does he play with others?


X
Never
Rarely
Occasionally
Often
Very Frequently

2) Does he share materials?

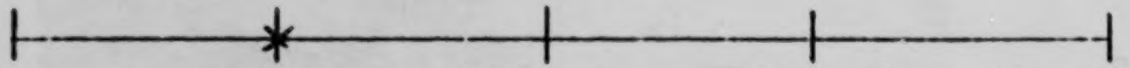

X
Never
Rarely
Occasionally
Often
Very Frequently

ETC.

or descriptive:

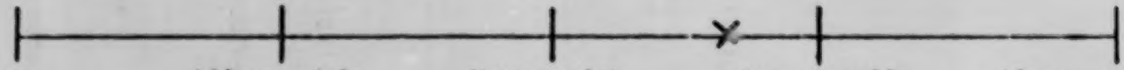
Place an "X" on the line at the place that best describes this student's relationship with classmates.

1) How often does he or she play with others?



Always resists attempts by others to play with him or her.	Sometimes allows an adult to regulate where he sits (near others) and notices what others are doing.	Brings toys near others, and talks with them, occasionally plays with the same toys.	Occasionally seeks out another to play with.	Always seeks out playmates.

2) Does he or she share materials?



Resists sharing at all times.	Allows adult to regulate the sharing.	Shares with reminders from adult.	Occasionally shares materials voluntarily.	Always makes sure everyone has materials.

(IIC) Activity 3 Develop a rating scale to aid you in assessing a child's relationship with peers during a play period. Use the following steps to guide you:[8]

1. Specify an appropriate learning outcome.
2. List the important characteristics to observe.
3. Define a scale for each characteristic.
4. Arrange the scales.
5. Write the instructions.

(IIC) Activity 4 Match the assessment instrument (Column A) with its definition (Column B), and with a sample from that type of instrument (Column C).

Column A

1. Norm-referenced instrument
2. Criterion-referenced instrument
3. Anecdote
4. Checklist
5. Rating scale
6. Questionnaire

Column B

A. Written description of an incident in an individual's behavior.

B. Instrument that compares an individual's performance on standardized instrument with the performance of peers (norm group).

C. A list of characteristics to be judged on a scale.

D. A list of written questions to be read and responded to.

E. Instrument that compares an individual's performance with a specific, behavioral criterion of proficiency.

F. Listing of behaviors or steps that the observer records as present or not.

Column C

I. John Smith (observer) 1-5-78
John Doe (student) Lunch

John sat down at his seat at the table, ate two spoonfuls of beans, gagged twice, and vomited....

II. Spoon feeding.

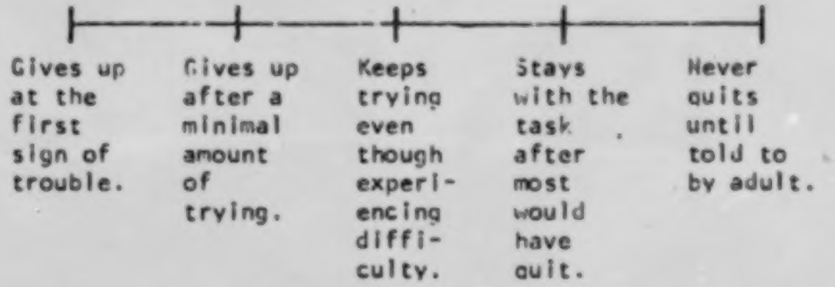
____ Grasps spoon.
____ Places spoon in food.
____ Scoops food onto spoon.
Etc.

III. Repeats two digits correctly in given order after practice. Ask child to listen carefully and say "two." Do not proceed until child succeeds at this practice. Then ask him to say: (a) "4-7", (b) "6-3", (c) "5-8." Pronounce digits, one per second, clearly and with equal emphasis. Allow one trial per set of digits. One correct for pass.

IV. What kinds of things is your child interested in? What kinds of toys does your child play with the most?

V. Knows sex. Identifies self as boy or girl. Tells sex if asked, or indicates a clear yes-no awareness.
Item Score: ________. Life Age Mean: 3-0.

VI. Ability to stay with a task.


Gives up at the first sign of trouble.
Gives up after a minimal amount of trying.
Keeps trying even though experiencing difficulty.
Stays with the task after most would have quit.
Never quits until told to by adult.

Answer Key to (IIC) Activity 4

Instrument (Column A)	Definition (Column B)	Sample (Column C)
1. Norm-referenced instrument	B	V
2. Criterion-referenced instrument	E	III
3. Anecdotes	A	I
4. Checklist	F	II
5. Rating scale	C	VI
6. Questionnaire	D	IV

GOAL III

The EC:EEN teacher will be able to interpret and relate assessment results.

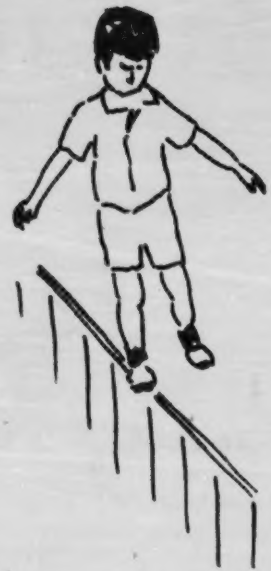
OBJECTIVE IIIA

Relate assessment findings to developmental milestones and guidelines for determining an exceptional educational need (EEN).

(IIIA) Activity 1 Read the following:

What are the eligibility criteria for generic classes?
What are the guidelines for determining the presence of an EEN?
What are the characteristics of children found to have an EEN?

The above questions raise a fundamental conflict for some special educators. On the one hand, "classification of exceptional children is essential to get services for them, to plan and organize helping programs, and to determine the outcome of intervention efforts."[9] On the other hand, "public and private policies and practices must manifest respect for the individuality of children and appreciation of the positive values of their individual talents..."[10]



CLASSIFICATION
TO SECURE
FINANCING FOR
SERVICES

RECOGNITION OF
INDIVIDUALITY AND
AREAS OF
NORMALITY

While balancing on the fence, we should keep the following in mind:

1. Development is a continuous maturational process. Researchers have measured hundreds of normal infants and young children and, as a result, have been able to determine the average age for children to perform hundreds of acts. By noting the ages at which children typically perform these acts, researchers have developed sets of norms against which we may measure the development of any given individual.
2. State administrative recommendations suggest that children identified as EEN should deviate from norms at approximately the 25% level or more, as measured by formal and informal diagnostic devices. For example, a 25% deviation in a developmental area for a 3-year-old (36 months) would be 9 months. For a 5-year-old, a 25% deviation would be 15 months in the given physical, social-emotional, cognitive, and other developmental areas.
3. For enrollment reporting purposes, the "handicapping condition" for 3-5 year-old children in generic programs can be listed as EC:EEN.
4. EC:EEN staff serving on M-teams should be able to describe the types of conditions and functional characteristics that children ages 3-5 can have that are considered "handicapping." This EC:EEN staff should

also be able to clearly indicate the child's "exceptional education needs(s)."

(IIIA) Activity 2 — First read the eligibility requirements for exceptional education (PI 11.34 of Rules Implementing Subchapter IV of Chapter 115). Then read the following descriptions of young children, which are arranged in terms of traditional handicapping conditions. These statements are not official Wisconsin policy, but can serve as "things to look for" when assessing young children.

● EMOTIONAL DISTURBANCE ●

Emotional disturbance can be generally defined as an abrupt break, slowing down, or postponement in developing and maintaining meaningful relationships with other persons, and/or in developing a positive and accurate sense of self. Generally, children who are emotionally disturbed may have difficulty in:

developing the capacity to give and take in relationships with other people....
identifying and appropriately expressing feelings and motives....
learning skills and gaining self-confidence....
asking for and accepting help....

....A child's behavior is influenced by many factors, including:
the environment of a child (for example, whether it is permissive or strict, unresponsive or attentive)
individual coping styles (that is, the ways a child has learned to handle problems)
the range of behavior skills known to a child (for example, whether the child has learned a number of ways to handle a problem and understands the appropriateness of these ways in a given situation...

Obviously a variety of factors contribute to how children learn to behave. These factors can be altered or changed to encourage more appropriate behavior and a better understanding of self and of the world....

Specialists in emotional disturbance do not all agree that levels of emotional disturbance can be determined accurately. Some believe that three levels can be clearly distinguished from one another: mild, moderate, and severe. Other specialists believe that levels are difficult to establish because of the difficulty in evaluating young children and because of problems with the tests themselves. A further consideration is that disturbances show themselves with different intensities under various conditions....

Some experts have found that learning disabilities and communication disorders are likely to be associated with emotional disturbance....

A small percentage of disturbed children, most of whom are severely disturbed, have still other handicaps. These may include visual handicaps, hearing impairment, physical handicaps, and mental retardation....

Emotional disturbance occurs at all income levels and in all ethnic groups. But you should be especially careful about drawing any conclusions from intelligence or psychological development tests given to children from low-income or minority families....

Children who are emotionally disturbed show unusual behaviors often and for long periods of time. However, children who are not emotionally disturbed may sometimes show these same, unusual behaviors from time to time. With non-disturbed children these behaviors are almost always short-lived and caused by a situation that you can identify....

....the five categories that are most common in preschool-ages children [are] withdrawn (including depressed), anxious, agressive, hyperactive, and psychotic.[11]

HEARING IMPAIRMENT

Hearing impaired children have two different problems in receiving sound. First, sounds are not as loud as they are for children without hearing impairment. Sounds may be slightly softer than normal, very soft, or even impossible for hearing impaired children to hear. Through testing, a professional can determine how loud a sound has to be for a child to be able to hear it. Second, for children with more severe hearing loss, sounds may be distorted, as well as soft. When sounds are distorted they can be mistaken for other sounds, or be impossible to understand. The amount of distortion cannot be measured by a test, but it greatly affects how children function. It is necessary to be aware of these two problems--loudness and distortion--to understand fully the effects of hearing loss....

While audiometric testing tells how loud a sound must be to be heard by a hearing impaired child (without a hearing aid), it does not tell how distorted sounds may be for that particular child. Two children with the same measurable degree of hearing loss may hear sounds with differing degrees of clarity, which greatly affect what each is able to understand. Categories of loss also do not tell what a child's potential for hearing or listening may be. And they do not tell how a child will function on a daily basis.

For these reasons, the measured degree of hearing loss in a child (mild, moderate, severe, or profound) cannot be used to predict behaviors or functioning of that child. Regardless of how a child is categorized, his or her ability to develop is not limited. Furthermore, young children are generally difficult to test. Their hearing may be better or worse than the test indicates. What you see a child do every day will tell you the most about how well the child can use his or her remaining hearing....

There are two types of hearing loss: conductive loss and sensori-neural loss. Conductive loss occurs when there is a problem in the outer or middle ear (the mechanisms that carry sound into the inner ear). Sensori-neural loss occurs when there is a problem in the inner ear or with the nerves that carry sound to the brain. Both types of loss may occur either before or after birth. Conductive losses are less severe than sensori-neural losses, and can usually be reduced or eliminated through medical treatment. Sensori-neural losses are permanent and more severe. They cannot be cured or even reduced by doctor's treatment. But most children with sensori-neural losses can be helped greatly by a hearing aid. It is important that children with sensori-neural losses see a doctor regularly to make sure infections or other problems do not increase their hearing loss, or present a medical problem that may otherwise be physically damaging.

Conductive losses may be caused by:

infections that fill the ear with fluid

ruptured ear drum

interference (such as a build-up of ear wax in the ear)

deformity in the ear structures

damage caused by a foreign object (such as a pencil, stick, or hairpin)

missing or occluded (obstructed) ear canal

allergies

Sensori-neural losses may be caused by many different things:

diseases during pregnancy

heredity

childhood diseases (such as mumps, measles, chicken pox)

viral infections (such as meningitis and encephalitis)

prolonged high fever

physical damage to head or ear

excessive or intense noise.

In rare cases, a child may have a hearing loss that comes and goes. Such a child has normal hearing, but may occasionally suffer a significant hearing loss because of allergies and chronic colds.[12]

LEARNING DISABILITIES

Learning disabled children seem to have unusual difficulty understanding or using spoken or written language. These children may seem to have problems in listening, speaking, or thinking, and later in learning to read, write, spell, or do arithmetic. For example, they may have immature spoken language and show difficulty in learning and remembering printed words, difficulty in finding the right word when speaking, and/or confusion about directions in time and space. The most significant problems of preschool-aged children with learning disabilities are related to the acquisition and use of language. You may also see children who show difficulty in understanding number concepts and color concepts, and children who have problems with tasks such as matching shapes and forms....

...Many children have learning problems as a result of other disabilities, such as limited vision or hearing, problems with motor coordination or control, or mental retardation. These children are not considered "learning disabled." Professionals should make sure that some other handicap is not causing the problem.

...children who have learning problems that are primarily the result of environmental, cultural, or economic disadvantage are not to be considered learning disabled....

...Children with learning disabilities may not develop ordinary language skills or normal visual or auditory skills (in spite of normal vision and hearing), and generally may not be able to learn by typical teaching methods. Although these children have difficulty learning for a variety of reasons, they have one thing in common: extremely uneven abilities in the various developmental areas. For example, a child may show considerable delay in language skills but average to above-average ability in motor skills. These gaps or discrepancies in ability interfere with a child's learning processes, making one suspect that a child is capable of doing more than what he or she is actually accomplishing. Since almost all activities involve a combination of skills, problems in one skill area may give you the impression of limited abilities overall. For example, a child with an auditory reception problem is unable to understand the meaning of what is said, and may therefore appear obstinate, uncooperative, or retarded.

Experts agree that learning problems can be identified in children younger than seven. They disagree, however, over whether these problems can be diagnosed as learning disabilities at the preschool age. Many experts feel that since preschoolers have not been exposed to structured learning, their problems may represent a lack of experience or opportunities for acquiring basic skills. Other authorities maintain that it is possible to diagnose learning disabilities in children, even at age three or four. Whether the children are diagnosed as learning disabled, what is of prime importance is that they be taught those skills they need to learn.

...There are two types of characteristics that are important in describing learning disabled children; behavioral characteristics (how a child acts) and skill characteristics (a child's areas of strength and weakness)....

The behaviors that are typical of learning disabled children are:

impulsiveness	hypoactivity
distractibility	perseveration
short attention span	general awkwardness
inability to follow directions	handedness not established
hyperactivity	conflict with other children

A child with a learning disability probably will not display all of these behaviors....

Along with the behavioral characteristics discussed above, a child with a learning disability is likely to show problems in one or more of the basic skill areas: self-help, motor, fisual, auditory, communicative, cognitive, and social. If a child's skills differ greatly from those of other children the same age, he or she may be learning disabled.13

VISUAL HANDICAPS

The term visual handicap is usually used when a child has a vision problem that affects learning: that is, taking in information, thinking about that information, and acting on that information (e.g., moving about or communicating). Visual handicaps directly interfere with a child's ability to gain information through the visual channel, and may interfere with the ability to act on the information (move about).

A child who is congenitally blind (born blind) may be developmentally behind other preschoolers, because the process of learning through the visual channel has been seriously limited. Children who become blind after birth are called adventitiously blind. Adventitious blindness can result from disease, injury, poisoning, or a genetic or hereditary condition that appeared after birth. Depending on when the vision loss took place, children who are adventitiously blind may be developmentally similar to other preschoolers....

It should be noted that the technical definitions of partial sight and blindness are numerical measures of sight (visual acuity), and do not measure how well a person uses this vision for everyday purposes. Some people with very little sight can use what they have more effectively than others who have a good deal more "measured" sight. Awareness, understanding, and acceptance of children's visual problems and careful observation of what they do and how they do it are more helpful to you in planning for them than any definitions based on visual acuity.

For educational purposes, children are visually handicapped if their ability to see, even after the best medical treatment (eyeglasses, other optical aids, and/or surgery), limits their ability to learn through the visual channel such that they require special materials, equipment, and teaching techniques in order to learn in the classroom.

Most visually handicapped children you will encounter will have some residual (remaining) vision, which they should be encouraged to use regardless of how slight it may be. The eyes, especially in early childhood, benefit from use. You should encourage a child to look both far and near, and to examine objects close up. If necessary, encourage a child to hold objects close to the face, even if only part of the object is seen in this manner.

You may notice that a child sees better on some days than others. This is because a child's vision can be affected negatively by such factors as fatigue and stress....

Undiagnosed visual handicaps can sometimes be confused with other types of handicaps, because certain behaviors may be misinterpreted. Some of these behaviors are mannerisms, unresponsiveness, and slowness in one or more areas of development.

...mannerisms that could be mistaken for signs of other handicaps....include:

shifting weight from one foot to another, or stamping their feet

rocking their body

turning their head more or less rapidly

fluttering fingers in front of their face, holding hands in front of their eyes, poking their eyes

nonstop tapping of themselves, a toy, or other object

seemingly inappropriate handclapping and tongue-clicking....[14]

MENTAL RETARDATION

An overall slowness in development is characteristic of children with mental retardation. This slowness makes them seem younger than they are. During the preschool years, retarded children fall consistently behind other preschoolers in their ability to learn, to remember what they have learned, and to solve problems. In the preschool years, "adaptive behavior" refers to a child's increasing ability to use language, to play with others, and to do things independently. In retarded preschoolers, this ability is limited. For example, they may not be able to respond to their names or to catch on to simple games. They may not be able to jump, hop, feed themselves, or signal that they need to go to the bathroom.

...Formal tests of intellectual functioning (called I.Q. or intelligence quotient tests) are not always good predictors of a preschooler's later development. Young children are hard to test, especially since they are changing so quickly. Furthermore, many of the tests aren't accurate for youngsters from different cultural, language, and ethnic backgrounds. For preschoolers (as well as for older children and adults), a low score on an I.Q. test is not enough to diagnose them as retarded.

...Specialists in mental retardation generally agree on a set of terms for the levels of the handicap. These terms are: mild, moderate, severe, and profound. They refer to different levels of I.Q. and adaptive behavior, and to different abilities to learn....

The levels of retardation are perhaps best described in terms of how the children in your classroom function, what and how they learn, and how much time they need to learn....

Perhaps the single most important concept in the diagnosis of children with mental retardation is the concept of rate of learning. All children learn at different rates, but children with mental retardation have a slower overall rate of learning and development than other children....

Some mentally retarded children have other handicaps. These other handicaps result from damage to the central nervous system, which is the control center for all of the body's functions. The other handicaps will vary, depending upon the type of mental retardation and its cause....

Many cultural differences can lead to a child's being misdiagnosed as mentally retarded, because many tests are standardized to fit children from a middle-class, white American background....

Children who are mildly mentally retarded are generally developing at about two-thirds to three-fourths of the normal rate of development. Therefore, you are likely to find three- to five-year-olds working on developing skills that are generally found in children who are 2 to 3-1/2 years old....

Moderately mentally retarded children develop at about half the rate of non-handicapped children the same age. Therefore, moderately mentally retarded three- to five-year-olds are more developmentally similar to non-handicapped children who are 1-1/2 to 2-1/2 years old....

Children with severe and profound mental retardation develop at a much slower rate than non-handicapped children. Their development may be one-tenth to one-third of what we would expect of non-handicapped children of the same age. Severely and profoundly retarded children almost always have other handicaps. This makes learning even more difficult. Often the other handicaps are physical or neurological (involving the central nervous system). Many of them have epilepsy or other seizure disorders that require continual medical monitoring. For these reasons, it is difficult to describe what these children are like. Generally, however, a severely and profoundly mentally handicapped retarded child functions very much like an infant.[15]

● SPEECH AND LANGUAGE IMPAIRMENTS ●

No two children talk in exactly the same way, because there is no one way of speaking that is most "normal." Different people speak differently. And the majority of these differences in the way people talk do not indicate speech and language impairments.

Communication is a complicated process of sending and receiving messages. In oral communication these messages are sent by a speaker and received by a listener. When there is a breakdown in communication, the message is not received for one of two reasons. Either there is a problem in the speaker, or there is a problem in the listener.

...When a child speaks so differently that it is hard for everyone to receive his or her messages, that child probably has a true communication disorder. For example, consider Tony, a four-year-old who uses only single words when he talks. He pronounces these so poorly that he isn't understood most of the time. In this case, there is a breakdown in communication. Both the teachers and other children are affected by not receiving the messages sent by the child. But the real problem lies with Tony, who has a communication disorder.

There are many kinds of speech and language impairments in children. Some children do not speak at all; others talk but cannot be understood by most people at preschool and at home. Some children never speak above a whisper, or have a voice that sounds unusually hoarse or harsh. Some are much slower than their classmates in learning to understand and use language; others consistently get stuck trying to get words or sounds out. Children who have communication disorders may also have trouble understanding language, as well as a hard time telling others about what they want, their feelings, wishes, and fears, Speech or language impairments like these cause problems for the listener, but are the result of a problem with the speaker.

...There are other cases, however, in which the problem is not in the speaker, but in the listener. A communication problem can exist if a child has a speech or language style that is different from that of his or her teacher....

...Receptive and expressive language impairments are referred to as language impairments. Stuttering, voice disorders, and articulation disorders are referred to as speech impairments....This does not mean, however, that all children who are labeled as having the same problem will speak or act in exactly the same way....

Many children with speech or language impairments have no other known handicaps. However, speech or language impairments are frequently associated with, or are the result of, other types of problems, such as hearing loss, cleft palate, cerebral palsy, mental retardation, or emotional disturbance.[16]

OBJECTIVE IIIB

Incorporate assessment data into a final M-team report.

(IIIB) Activity 1 Read the following case history:

This 3-1 female exhibits Cri du Chat syndrome characteristics of severe mental and motor retardation, microcephaly, and a typical cat-like cry. She is non-ambulatory, does not feed, dress, or toilet herself and engages in anti-social behaviors such as biting and pinching to gain attention. She is to be enrolled in a generic Early Childhood: EEN program.

MEDICAL DIAGNOSIS: Cri du Chat Syndrome
Microcephaly
Hyperactivity

PHYSICAL THERAPY:

Susan was evaluated by Occuaptional Therapy and Physical Therapy jointly.

The Milani Comparetti scale for gross motor functioning placed Susan at the 6-8 month level. Susan has good head control when body is held vertically and she lifts head well when prone, but cannot lift head when supline. Head is held in midline during pulling to sitting and sitting balance is good with upper extremity support. She is capable of performing 4-point crawling, but only demonstrated this once during evaluation, preferring to "bunny hop" or "Army crawl." Susan does pull to standing, but cannot get to standing alone and is beginning to "cruise." She has none of the primitive reflexes (hand or foot grasp, ATNR, TNR, or Moro), but does have all of the righting reactions with the body rotative reaction just recently acquired. Sideways and forward parachute reactions are present, but downward and backward parachute reactions are absent. Tilting reactions are present in prone, supine and sitting positions, but are absent when standing. Tilting reactions in all fours was not tested, but is assumed to be present.

Susan prefers the "W" sit position to all others. She gets into the "W" set position from the all-4's position by bringing her lower extremities forward with the knees leading and then sitting.

OCCUPATIONAL THERAPY:

Susan is a small hypotonic who is non-ambulatory and dependent in all areas of self care.

Feeding: Susan has had numerous feeding difficulties since birth. At 2-3 months, she was only taking 2 ounces of liquid daily and was mainly eating solid foods. At the present time she eats primarily junior foods and still drinks 8 ounces or less of liquid per day. Susan has constantly gagged when given goods with increased texture, although we have tried to introduce new textures slowly, the gagging problem is still unresolved. A gag reflex could not be elicited when a spoon handle was placed in the posterior region of the oral cavity.

Susan exhibits good mouth closure around a spoon. When drinking from a cup much liquid drools out from under the cup, but this may be due to her general disinterest in drinking liquid rather than a neuromuscular mouth closure problem. She has lateral tongue movement, but chews slowly and often swallows food without processing it thoroughly. Susan fingerfeeds occasionally, but generally does not hold onto the food long enough to get it to her mouth.

Dressing: Susan is beginning to assist in dressing and was able to pull her arms out of the sleeves and pull her shirt off her head after it was partially removed.

Hand Skills: Susan reaches out for objects and uses a raking motion with her left hand to obtain them. She is less accurate with her right hand and approaches objects with a pointing motion. She transfers objects hand to hand and has adequate midline skills.

B.S.I.D.: On the Mental Scale of the Bailey Scale of Infant Development, Susan performed at approximately the 6-8 month level. Most of her play activity involves mouthing and throwing. She fails to search for objects hidden from view, even after numberous demonstrations. At times she seems to avoid establishing eye contact with tasks, but at other times maintains prolonged eye contact. She does not engage in any "putting in" or "taking out" manipulation of objects and containers.

Behavior: Susan is generally pleasant and anxious to please. She has a cute smile and responds readily to verbal praise. She often waves her hands frantically and rocks on her abdomen with her legs extended when she is excited or handled quickly. At times, she also seems to use these motions as attention getting devices. Susan is manipulative when trying to get attention.

SPEECH THERAPY:

Speech Mechanism: Susan has a high, narrow palatal arch, wide alveolar ridge, good teech, overbite, cross bite and asymmetrical smile. Susan is a mouth-breather with noisey, shallow breathing. Frequently Susan will protrude her tongue and make contact with objects.

Speech and Articulation: Susan exhibited differential crying and a few sounds (ny ny, dada, cu, yea and clicking). She readily imitated clicks and non-speech gestures, i.e., shaking head, nodding, swaying to music, etc. Imitation of oral movements were restricted to lip closure for /m/ after physical manipulation.

Language: Susan has limited vocalization. She generally indicates wants non-verbally using facial expressions and she indicates displeasure by crying.

Susan does track objects, localizes to her name and sounds.

Voice. Susan has a high-pitched cry characteristic of Cri du Chat Syndrome.

Hearing: Judged to be grossly within normal limits by observation of response to sound, i.e., localization to her name and sounds.

IMPRESSIONS:

Susan was sensitive to touch around the mouth when touched by persons other than her mother or herself. When in prone position, Susan arches her back and shakes her hands and feet. These latter behaviors seem to indicate frustration and self-stimulation.

EARLY CHILDHOOD ASSESSMENT

Results of the Learning Accomplishment Profile are as follows:

Gross motor	11 mo.
Fine motor	6 mo.
Social	6 mo.
Self-help	12 mo.
Cognitive	6 mo.
Language	4 mo.

It was not possible to administer other assessment procedures due to her limited ability to respond. Gross motor skills missing near her developmental age are standing alone, walking alone, stooping to pick up. Fine motor deficits include transferring hand to hand, pincer grasping, putting objects into small containers, use of a writing instrument in any fashion, building a two block tower. Social behavior seems totally lacking except in the negative (i.e. destruction of materials, throwing, spilling, biting, pinching). There seems to be no understanding or constructive play. Self-help problems involve meaningful use of eating utensils, awareness and concern about toileting. Interest in taking off clothing exists but not the reverse. Cognitive areas that show weakness of picture meaning, no attempt at verbalization except laughter and crying. Language deficits that are most immediate include absence of babbling and the lack of an imitative sound repertoire. One language strength is in the area of receptive language, which seems to be approximately 8 mo. above her expressive language abilities.

(IIIB) Activity 2

A M-team report should include information concerning the extent of the child's EEN, his or her strengths and weaknesses, and recommendations for educational goals. List questions you would ask the professionals who wrote the above report. Would you ask the following?

Physical Therapist:

What do the following mean?

Bunny-hop or Army crawl

ATNR reflex

TNR reflex

righting reaction

body rotative reaction

parachute reactions

tilting reactions

How do they affect development? What are the implications of these things on classroom activities, on movement?

What positioning and activities are good?

What positioning and activities are detrimental?

What are the next major goals?

Is there a current prescription for treatment?

Occupational Therapist:

What do the following mean?

Hypotonic

Lateral tongue movement

How do the following affect development?

feeding difficulties

lack of gag reflex with spoon handle and much gagging with food

lack of interest in food and drink

poor grasp

Why does she gag on food?

What diet considerations are made?

grading food textures drinking what, how much?

How do feeding difficulties affect speech?

What are the next goals?

Speech Therapist:

What do the following mean?

high, narrow palatal arch

wide alveolar ridge

overbite

cross bite

What effect do they have on speech?

What effect do they have on feeding?

What were the testing conditions for sound localization?

Were there visual cues?

What is her "limited vocalization." Does she have sounds or words?

What is the high-pitched cry? Can it be extinguished, or should it be?

Why the sensitivity around mouth?

How do people respond to her needs? Is she given the motivation to attempt speech?

what are the next goals?

What about alternative communication systems--desireable, possible?

Diagnostic teacher or psychologist:

What is motivating to her?

What are her strategies with toys?

What are the things on the Lap that she can do?

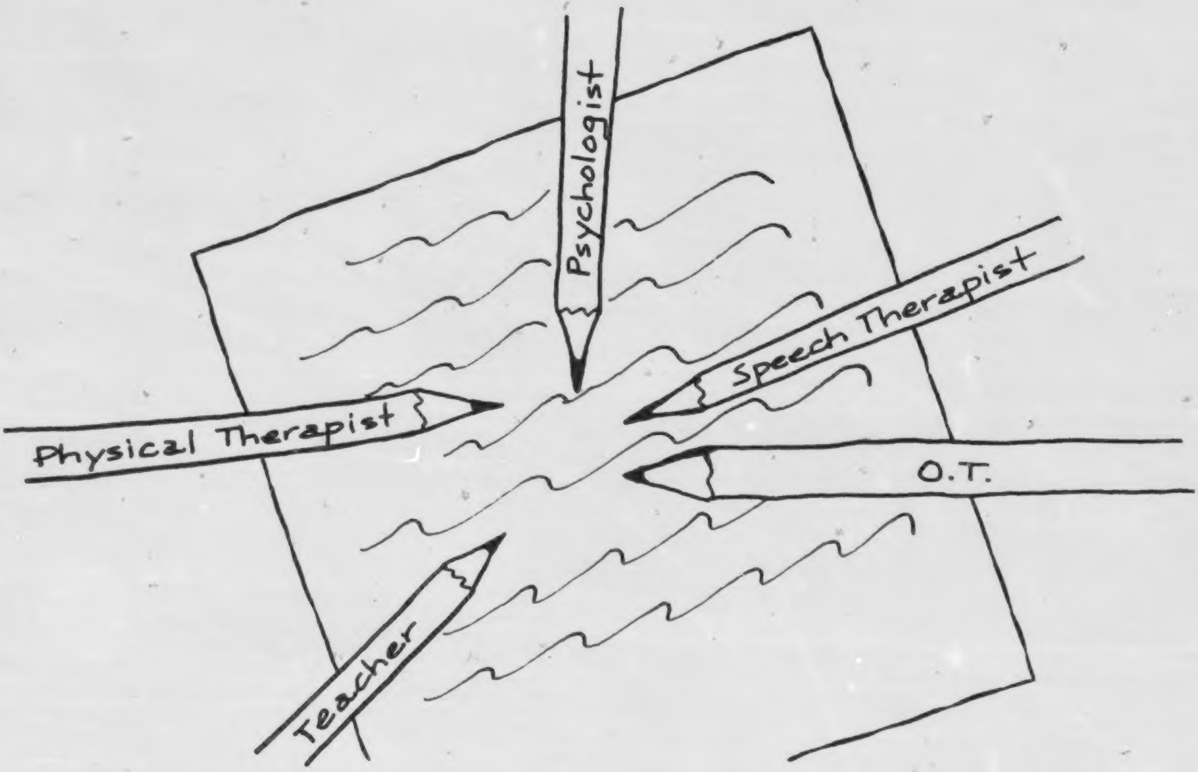
How was her receptive language assessed?

How long a time period was the assessment based on?

What are her next goals?

(IIIB) Activity 3

Write the final M-team report. Use the forms provided in your district. The following forms are included for your information.[17]


Psychologist
Speech Therapist
Physical Therapist
O.T.
Teacher

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__________ School District

M-TEAM STAFFING REPORT/PLAN

Note: This form is to be used to record M-team staffing minutes. Supporting documents by each team member should be attached.

Case Facilitator __________

Name of Child:	Birthdate:	Age:	Sex:
Parent:	Address:		Phone Number:
School District of Residence:	School Attended:		
Teacher:	Grade:	Date of M-Team Meeting/Plan:	

Members of M-Team Present (signatures and titles):

Consultants (signatures and titles):

Parents (signatures):

Purpose:
Initial Staffing Report __________
Restaffing of EEN Pupil __________
Other __________

Summary of Individual Written Reports/Present Level of Performance:

1. **DISABILITY DETERMINATION:** Based on all the analyzed data, does this pupil/child, in the best judgement of this M-team, have a disability(ies)?

__________ Yes __________ No

If yes, in which of the following areas?

__________ Mental __________ Emotional

__________ Physical __________ Learning

Copy to Special Education Teacher

Page ________ of ________ Pages

M-TEAM STAFFING REPORT/PLAN (continued) ________________________
Name of Child

II. HANDICAPPING CONDITION(S): If the child has a disability, the M-team shall determine if the child has a handicapping condition, pursuant to Chapter 115.76 (3) (a) through (i), Wis. Stats., and PI 11.34 (2):

________ (a) Physical, crippling, or orthopedic disability.
________ (b) Mental retardation or other developmental disabilities.
________ (c) Hearing impairment.
________ (d) Visual disability.
________ (e) Speech or language disability.
________ (f) Emotional disturbance.
________ (g) Learning disability.
________ (h) Pregnancy

A. What effect does this child's disability have on his behavioral functioning in the present educational program?

B. To what degree does this child's disabilities interfere with his/her academic performance in the present educational program?

C. Availability of needed curriculum adaptions - can all or some of pupil's needs be met in the regular education program with or without modifications?

________ Yes ________ No List curricula areas and modifications:

III. EXCEPTIONAL EDUCATIONAL NEEDS DETERMINATION BY M-TEAM: In the best judgement of this M-team after analysis of evaluation data:

Check One Item

________ A. This pupil/child does not have exceptional educational needs (non-EEN) as defined by Chapter 115 and DPI rules.
________ B. This pupil/child has a disability which is a handicapping condition and exceptional educational need (EEN) requiring special education services.

PRIORITIZED EDUCATIONAL NEED(S): ________________________

1. ________________________

2. ________________________

3. ________________________

4. ________________________

Copy to Special Education Teacher

Page ________ of ________ Pages

M-TEAM STAFFING REPORT/PLAN (continued) ______________________________

Name of Child

PRIORITIZED EDUCATIONAL NEED(S): (List by number)

NEED NUMBER (   )

Goal:

Objective(s):

NEED NUMBER (   )

Goal:

Objective(s):

M-team Recommendation for Specific Procedures, Techniques, Materials, Learning Styles, etc.:

PARENTS INVOLVED: ________ Yes ________ No

______________ attendance refused.
(date of)

Plan sent ______________________

Scheduled Consultation Dates for follow-up between special education, regular education, and supportive staff:

____

____

____

Copy to Special Education Teacher

M-TEAM STAFFING REPORT/PLAN (continued)

____
(name of child)

NEED(S):

Goal:

Objective(s):

NEED(S):

Goal:

Objective(s):

NEED(S):

Goal:

Objective(s):

NEED(S):

Goal:

Objective(s):

Copy to Parent

_______________ School District

PROGRAM RECOMMENDATIONS

Student _______________
Enrollment Date _______________
Address _______________
____
Program Type _______________
Program Duration _______________
Date of Birth _______________
Regular Education Involvement: ☐ YES ☐ NO
School District/Residence _______________
Program Location _______________
Program Level _______________
Case Facilitator _______________

PERSONNEL INVOLVED Regular Education Staff– Special Education Staff– Supportive Staff–	RESPONSIBILITIES (include percent of time):

JUSTIFICATION FOR PLACEMENT:

MONITORING SCHEDULE and EVALUATION:	RELATED SERVICES: (i.e. Physical education) PERSON RESPONSIBLE FOR RELATED SERVICES:

OFFICE USE

PLACEMENT DECISION

Approved _______________ Disapproved _______________

____
Director of Exceptional Education

____
Date of Approval/Disapproval

____
School District Administrator

____
Date of Approval/Disapproval

APPROVE THE ABOVE PLACEMENT _______________ Parent Signature _______________ Date

REJECT THE ABOVE PLACEMENT _______________ Parent Signature _______________ Date

Copy to Parent

GOAL IV

The EC:EEN teacher will be able to evaluate assessment procedures.

OBJECTIVE IVA

Evaluate how accurately assessment procedures identify and place young handicapped children.

(IVA) Activity 1 Read the following:

Even after establishing a comprehensive and efficient assessment procedure the question remains, 'Did you identify all the young children who really had an EEN?' We assume that left untreated, an EEN would remain, or has become worse, by the time the child enters kindergarten and the primary grades.

For any age group, identification and assessment procedures should identify children whose functioning level is twenty-five percent or more below the norm for their age.

Assuming all potential children went through your identification and assessment procedure, two types of errors still could have been made.

1. Some children could be judged to have an EEN when in fact they do not have an EEN.
2. Some children could be judged not have an EEN when in fact they do have an EEN.

How can a local EC:EEN staff determine if it is making either or both of these errors often?

The first problem, finding an EEN when none is present is less serious for the child's future. After all even if we could know that a child does not really have an EEN, the preschool EEN experience would probably still be a benefit. However, tax money intended for EEN children would be spent on a non-EEN child.

One possible way to see if you are finding the appropriate number of EC:EEN children is to make the following computation:

Your total 3-5 population	1/2 of the percentage of 6-18 year population in special education	=	identifiable EC:EEN population

In other words, you should be able to find in children age 3-5 years approximately half of those who will later receive special education services.

If you find that your district is identifying more children as EEN than the above figure, you may be finding "false" EENs. (Or, you are doing an exceptional job of finding your young EEN children.)

Not identifying an EEN when in fact one does exist (or will increasingly show itself in subsequent years) is more critical both for the child and for the taxpayer. The taxpayer will save a dollar in the short haul but the child (and the taxpayer), will have a tougher road to follow later on.

How can your EC:EEN staff determine if it is making this error? Since the M-team assessment process has a subjective component, you must gather some long-term data on your own children. When a child is identified as having an EEN out of referrals from the kindergarten, first, second, or third grades, look back on any assessment data that had been gathered when the child was aged 3-5 years. Examine the data closely for possible early clues that this child was going to experience later difficulty. (Naturally, this is going to require that screening/assessment records be retained in a convenient place for a number of years.)

Consider how you might change your assessment and M-team procedures to catch those early indications in the future.

(IVA) Activity 2	We all have our biases about tests. We tend to use the "old stand-bys" we have been using and are comfortable with. Look at the instruments you are now using. How do they compare with some of the recent instruments listed in Objective IIB? Continue to evaluate your assessment instruments as new ones are developed and published.

OBJECTIVE IVB

Describe the use of assessment to evaluate children's progress.

(IVB) Activity 1	The demonstration projects funded by the Bureau of Education for the Handicapped under the Handicapped Children's Early Education Program (HCEEP) consider a variety of factors when evaluating their programs. In the following article Bertrand E. Nadeau outlines the most important evaluation component of their HCEEP Project.[18]

Evaluation of Child Progress

The most critical component of any evaluation plan for an HCEEP Project is the evaluation of children's progress. Its significance goes well beyond establishing the effectiveness of any particular project. It provides officials at the local, state, and federal level with data that is essential to affect legislation and secure financial support on behalf of young, handicapped children. Furthermore, it can contribute significantly to establishing the credibility of early intervention efforts with the handicapped among the scientific community. It is essential that we not repeat the mistakes of the community mental health movement which, after flourishing in the 60s, now finds itself the focus of inquiries about what went wrong with the movement and in a major struggle for continued financial support. Greater emphasis on a sound evaluation strategy might have gone a long way toward avoiding this turn of events.

The task is not an easy one. Assessment instruments that have established validity, reliability and normative data for young children are few in number. Most of the latter are not relevant for use with a diverse handicapped population or fail to measure crucial aspects of a child's functioning. An evaluation plan must also result in data which makes it possible to reliably attribute child gains to the effects of the intervention program per se rather than to maturation or other factors. Complex ethical issues must also be considered. It becomes difficult to use designs which involve untreated groups or periods of time during which intervention is not provided. The use of traditional control groups and AbA (design approach using periods of non-intervention, intervention, and non-intervention) or reversal paradigm are thus precluded for ethical reasons.

One common approach used to evaluate child progress is to establish behavior objectives for children and to report on the percentage of objectives attained across children. Typically, high percentages are reported. There are a number of problems with this approach. Objectives and criteria vary from project to project and their validity is open to question. This approach also involves the judgment of teachers and other professionals in determining how high or how low the objective should be set. Thus, what appears to be child success (or failure) may in fact be the result of an inappropriately low (or high) objective. Finally, this approach does not deal with the issue of whether or not the reported success can be attributed to the effects of the intervention program per se rather than to maturation or other factors.

The Model Infant and Toddler Project in Hanover, New Hampshire, has developed an approach to the evaluation of child progress. It represents a solid beginning to helping solve some of the problems mentioned above. The Project is developmentally oriented in its approach to providing services to handicapped children. All children are assessed in each of six developmental areas (cognitive/adaptive communication, gross motor, fine motor, self-help/independence, and social/emotional) at entry into the program, reassessed at six month intervals and at exit from the program. The comprehensive assessment instrument consists of normative scales in the six major areas of development described above. Any similar assessment instrument could be utilized with this approach.

Children's progress is measured by that improvement in performance on the comprehensive assessment instrument which can be considered to result from the effects of our intervention program. The basic assumption is made that the children would have continued to progress at the same rate if they had not participated in our program. This would seem to be a reasonable assumption since the literature indicates that handicapped children's developmental rates tend to decrease or at best remain the same without intervention. By subtracting this score from the child's obtained or actual developmental age score, one then arrives at an estimate of the gain in months which can be attributed to the program.

The steps are as follows:

Expectancy (Regression) Comparison Formula

$$(1)\quad \frac{\text{Pretest Developmental Age Score}}{\text{Pretest Chronological Age}} = \text{Developmental Rate}$$

$$(2)\quad \text{Developmental Rate} \times \text{Post-test Chronological Age} = \text{Expectancy Developmental Age Score}$$

$$(3)\quad \text{Actual Post-test Developmental Age Score} - \text{Expectancy Developmental Age Score} = \text{Developmental Age Increase Due to Program}$$

Example

Child A entered the program at 12 months of age and obtained a developmental age score of six months on the assessment instrument. He was reassessed six months later (at 18 months of age) and obtained a developmental age score of 12 months. The formula would yield the following:

$$(1)\quad \frac{6\ \text{(Pretest Developmental Age Score)}}{12\ \text{(Pretest Chronological Age)}} = .5\ \text{(developmental Rate)}$$

$$(2)\quad .5\ \text{(Developmental Rate)} \times 18\ \text{(Post-test Chronological Age)} = 9\ \text{(Expectancy Developmental Age Score)}$$

$$(3)\quad 12\ \text{(Actual Post-test Developmental Age Score)} - 9\ \text{(Expectancy Developmental Age Score)} = 3\ \text{(Developmental Age Increase Due to Program)}$$

Thus, the program can reasonably claim to have enabled the child to make three months of gain beyond what he might have been expected to make without participation in the program during that six month period.

Additional information can be derived from such an approach. The child's rate of development or learning during his involvement in the program can be readily determined. In the example above, the child made six months' progress during a six-month period, i.e. his developmental rate during the period of his involvement in the program was 100%. One can also compare the child's rate of development at entry into the program with his rate of development at later points in the program or at exit from the program. In the example above, the child's developmental rate after six months in the program had increased (improved) to 67% from an initial rate of 50%. Such information can be utilized to monitor the effectiveness of the child's individual educational plan and provide valuable feedback to the professionals working with the child. Finally, one can look at such data in each developmental area in order to evaluate the effectiveness of different aspects of the intervention program. For further information on the Model Infant and Toddler Project's approach to evaluation, contact: J. Bertrand E. Nadeau, Director, Model Infant & Toddler Project, Dept. of Psychiatry, Dartmouth Medical School, 9 Maynard St., Hanover, NH 03755.

NOTES

1. State of Wisconsin Public Law 11.32, Rules Implementing Subchapter IV of Chapter 115, (3)(b) "Role of the Special Education Teacher," May, 1977.

2. T. D. TenBrink, Evaluation, A Practical Guide for Teachers (New York: McGraw-Hill, 1974), p. 136.

3. Adapted from W. A. Mehrens and I. J. Lehman, Measurement and Evaluation in Education and Psychology (New York: Holt, Rinehart, and Winston, 1975) pp. 344-346.

4. Human Development Center, "Background Information" questionnaire, University of Wisconsin-Eau Claire.

5. Compiled from (1) B. Hare and J. Hare, Teaching Young Handicapped Children (New York: Grune and Stratton, 1977), Chapter 2; (2) TADS, Index of Tests for Children, Evaluation Bibliography (Chapel Hill, North Carolina: Technical Assistance Development System, 1975), Tadscript #2; and (3) ERIC Search: "Preschool, Tests" (December, 1978).

6. T. D. TenBrink, Evaluation, p. 166.

7. Meeting Street School, "Gross Motor Developmental Sheets," (Home Development Program, 383 Grotto Avenue, Providence, Rhode Island). Used by permission.

8. T. D. TenBrink, Evaluation, p. 277.

9. Arthur W. Chickering and Joanne N. Chickering, "Life-Long Learning by Handicapped Persons," in Futures of Education for Exceptional Students: Emerging Structure, ed. by Maynard C. Reynolds (Minneapolis: National Support Systems Project, 1978), p. 94.

10. Ibid., p. 95.

11. Miriam G. Lasher, et. al., Mainstreaming Preschoolers: Children with Emotional Disturbance, one of a series developed for Project Head Start (Washington, D.C.: Government Printing Office, 1978), pp. 34-46.

12. Rita Ann LaPorta, et. al., Mainstreaming Preschoolers: Children with Hearing Impairment, one of a series developed for Project Head Start (Washington, D.C.: Government Printing Office, 1978), pp. 11-14.

13. Alice H. Hayden, et. al., Mainstreaming Preschoolers: Children with Learning Disabilities, one of a series developed for Project Head Start (Washington, D.C.: Government Printing Office, 1978), pp. 12-18.

14. Lou Alonso, et. al., Mainstreaming Preschoolers: Children with Visual Handicaps, one of a series developed for Project Head Start (Washington, D.C.: Government Printing Office, 1978), pp. 14-16.

15. Eleanor Whiteside Lynch, et al., Mainstreaming Preschoolers: Children with Mental Retardation, one of a series developed for Project Head Start (Washington, D.C.: Government Printing Office, 1978), pp. 11-40.

16. Jacqueline Liebergott, et. al., Mainstreaming Preschoolers: Children with Speech and Language Impairments, one of a series developed for Project Head Start (Washington, D.C.: Government Printing Office, 1978), pp. 10-18.

17. CESA #6 forms developed in cooperation with the Wisconsin Department of Public Instruction, reprinted in Bureau Memorandum, Vol 20, No. 1, pp. 23-27.

18. J. Bertrand and E. Nadeau, "Evaluation of Child Progress," EMPASIS (TADS), Vol. 1, No. 3 (May-June, 1978), pp. 4-5. Reprinted by permission.

ADDITIONAL RESOURCES:

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CURRICULAR STRATEGIES

The Early Childhood: Exceptional Educational Needs teacher will be able to plan, develop, implement, and evaluate curricular strategies designed to achieve motor, language, cognitive, social-emotional, and self-help habilitation or rehabilitation objectives.

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PURPOSE

The Curricular Strategies module lies at the heart of the three modules dealing directly with instruction and the art and science of teaching young handicapped children. Your choice of strategy will influence your selection of materials and activities.

There should be a reason for your approach to teaching that provides clear, logical links between what your instructional program is attempting to do, how it is organized and the specifics of its content and objectives, and the type of activities and materials you use.

A key issue in any discussion of curricular strategies must be effectiveness (i.e., child progress). We must remember that different strategies will be more effective in different places and times and with different teachers and children. Studies on the comparative effects of various curricular models have pointed out that there is no one model which is clearly superior to the rest, and that the application of a curriculum is of more importance than the specific curriculum itself.

Your selection and application of a curricular strategy (or strategies) can make a real difference in a child's success. Some factors that will influence your selection and application include how you look at handicapped children and their world, how you perceive the child as a learner, and what kind of organizational structure you operate under.

The goal of this module is to enable you to make an informed choice about which curricular strategy or approach to use when. No one strategy will work in all cases. However, a choice must be made, and it should be based on what is most likely to work with each child, and what alternative strategies to use if it does not.

CURRICULAR STRATEGIES

The EC:EEN teacher will be able to plan, develop, implement, and evaluate curricular strategies designed to achieve motor, language, cognitive, social-emotional, and self-help habilitation or rehabilitation objectives.

GOAL I The EC:EEN teacher will be able to justify using a particular curriculum approach.	GOAL II The EC:EEN teacher will be able to apply curricular strategies to meet the needs of young EEN children.	GOAL III The EC:EEN teacher will be able to cooperatively plan and carry out programs with staff members and other related professionals.	GOAL IV The EC:EEN teacher will be able to design and implement schedules and structure the physical setting to meet the needs of young EEN children.
The EC:EEN teacher will be able to: Objective A state the philosophy and long range goals of the EC:EEN program. Objective B describe the basic principles of the following views on the child as a learner: behavioral, cognitive-developmental, and experiential. Objective C describe a range of ways to organize what is to be taught.	The EC:EEN teacher will be able to: Objective A individualize instruction through appropriate application of curricular strategies. Objective B describe strategies to educate EC:EEN children in the least restrictive environment. Objective C describe resources to help plan curricular strategies.	The EC:EEN teacher will be able to: Objective A plan strategies for implementing an EC:EEN program with other staff members. Objective B cooperatively plan and share information with other professionals related to the EC:EEN program.	The EC:EEN teacher will be able to: Objective A describe factors relating to the scheduling of the program day. Objective B plan the organization of classroom space, equipment, and materials.

EC:EEN Project/Wisconsin/1979

GOAL I

The EC:EEN teacher will be able to justify using a particular curriculum approach.

OBJECTIVE IA

State the philosophy and long range goals of the EC:EEN program.

(IA) Activity	The source of any EC:EEN curriculum should be a set of goals or value statements about how handicapped children should be able to function in the world. The following statements have been selected from a book edited by Maynard Reynolds of the University of Minnesota entitled Futures of Education for Exceptional Students. These statements reflect values and goals that school personnel may hold for handicapped children. Read the statements and then compose your own value statement on the educational goals that you and your school system hold for young handicapped children.

There is a popular belief that schools, in general, are the instruments of conservatism, that is, that they function mainly to transmit the culture, preserve the political status quo, maintain social classes, sort children for vocational and social roles, and provide upward mobility to only a selected few youngsters. All of this fits a theme that the powerful few use the schools to maintain their privileges. At the same time, there is an equally popular belief that schools are the spearhead of progressivism, that is, that they are the gateway to upward mobility, socially, politically, and economically, and that they are forces for social change.[1]

Increasing evidence is accumulating that, given an appropriate learning environment and enough time, almost everyone can do well on basic school tasks. It is unlikely that school tasks are generally harder than many tasks people normally work on in everyday life. No doubt, school tasks are unique in demanding certain kinds of mental activities in particular combinations; the combinations take much practice, and they are cumulative. It is not easy to pick up a skill in an advanced subject matter without a mastery of various prerequisite skills. In this way, school skills are similar to most other skills developed in daily life.[2]

It is apparent that handicapped persons are an undervalued minority group. They have been segregated in schools and isolated in communities. Their accomplishments and potential have been minimized and their limitations highlighted. They are victims of negative stereotyping. Although the fact is not generally known, attitudes toward racial minority groups are highly correlated with those toward the handicapped.[3]

There is or should be one human psychology based on principles applicable to all people. Women are different from men, Republicans from Democrats, and mentally retarded from "normal", but to conclude that these differences arise out of psychological-developmental-social principles and processes that are unique to each group is gratuitous and a massive denial or misinterpretation of what we have learned about human behavior. Because people develop differently does not mean that the development is governed by different processes. Diversity in behavior among people does not require resorting to a theory of diversity in underlying principles.[4]

One way of calculating the minimum investment that society ought to make in educating exceptional children is to estimate the social resources that will be spared ultimately if the competencies of this population in caring for its own needs are upgraded. That is, without appropriate education and training, many of the handicapped clearly would not be able to care for their own needs and thus, would require continuing social resources over their lifetimes.[5]

OBJECTIVE IB

Describe the basic principles of the following views on the child as a learner: behavior, cognitive-developmental, and experiential.

Building upon rather broad educational goals, developed in Objective IA, the EC:EEN staff should next consider "how children learn." One way of viewing the developing child is in terms of who directs the learning, the child or the teacher.

(IB) Activity 1	Read the following articles by Nick Anastasiow and Barbara Day discussing a range of educational approaches from the very teacher planned and directed to the very child initiated, and the resulting impact on the curriculum.

TEACHING SKILLS IN EARLY CHILDHOOD PROGRAMS[6]

The advocates of child oriented programs typically have assumed that the child has control of his own learning in an environment where the teacher acts as a facilitator or stimulator of pupil development. On the other hand, the advocates of an extreme teacher oriented position have assumed that the child must receive training in an environment in which the teacher directs, leads, or instructs. Here, the teacher is perceived as the one who makes input into the child by the manner in which "lessons" are conducted. . . .

The curriculum materials or teacher guides available in early childhood centers reveal great similarities in content among supposedly diverse schools of thought. Most early childhood education programs are primarily concerned with the learning of appropriate school behavior and attitudes--taking turns, standing in line, sitting in groups, raising hands, responding to questions, completing tasks--as well as the learning of concept pairs (such as up-down, in-out, over-under, right-left) and the names of objects. Regardless of the philosophy of the program, most teacher guides contain a list of concepts to be attained (names of colors being almost universal), self help skills, and some comments about motor, language, emotional, and cognitive development. Further, in most every program, movable floor toys and paints and puzzles can be found, along with a climbing apparatus and an outdoor playground.

It is in the manner in which the toys and equipment are used for instruction that the programs vary the most. At one extreme, the toy is presented to the child by the teacher, who asks him to identify it. At the other extreme, the child is encouraged to manipulate or play with the toys to "discover" their properties. In addition, major differences exist among educators in the amount of play recommended and the use of small or large group instructional patterns.

The point to be made is that our analyses of early childhood programs reveal that there is high agreement on the instructional content and materials to be used. Where early childhood educators differ is in the techniques they select to "teach" children.

The critical continuum along which to determine differences among early childhood programs is how the child is perceived as a learner. . . .

The major differences between the behaviorist and the cognitive developmental positions are in how they (a) describe the child as a learner on the active-passive dimension and (b) view cognitive hierarchies, i.e., the behaviorally oriented learning theorist Gagne views the hierarchies to be developed through instruction, and developmental theorist Piaget believes the child constructs his own hierarchies. Further, the cognitive approach deviates most sharply from the behaviorist in the cognitive developmentalist's hypothesis that there are internal, innate mechanisms available for thought.

Mistakenly, the behaviorist and cognitive developmentalist have appeared to differ concerning the efficacy of reinforcement and social learning principles (imitation, modeling, and rewards). We believe that this is not a "real" issue, as the cognitive developmentalist uses positive social reinforcement and provides models for imitation.

Rather, it is in the manner of sequencing reinforcement and the use of primary natural reinforcers that the behaviorist and cognitive developmentalist differ. The cognitive developmentalist appears to have incorporated into this theory (sometimes unknowingly) the basic tenets of behaviorism or social learning theory. Largely, the cognitive developmentalist has used principles of behavior modification to enable the developing child to master the specific content of the English rather than French. The critical difference between the two theoretical approaches is how much beyond the behaviorist the cognitive developmentalist wishes to speculate about the internal life of the child.

Given the above distinctions between the theories, it should be clear that the major differences in how the theories are translated into practice lie in the nature of the "structure" the teacher is to provide in daily classroom activities and in the amount of structure.

In our opinion, there has been great confusion and misunderstanding over the use of structure as it applies to a teacher's activity. All early childhood programs that qualify as programs and not as babysitting arrangements have some structure. The behaviorist teacher has a highly structured set of lesson plans, specifying goals and objectives for each child. The behaviorist view requires the teacher to structure lessons into small sequential steps. These lessons cover social management as well as concept attainment. Likewise, the cognitive developmental program requires that the teacher highly structure his plans for implementing the program. For instance, rooms must be arranged with the appropriate areas and materials so the child may transact with the environment in such a way as to develop, for example, the concept of conservation (conservation of mass or volume). Teachers are required to be skillful observers and must frequently plan and rearrange the environment based on how a child plays.

Where the two approaches differ is in what teachers do during instruction, not in the amount of planning and structuring the teachers engage in before instruction. Too often, we believe, the term structure has been confused with the term authoritarian, or amount of teacher control. Clearly, in the sense used here, structure relates to the degree to which the teacher must plan. Thus, it is proposed that early childhood programs of quite different philosophical and psychological orientations vary more on the dimension of how they perceive the child as a learner than they do on how much structure is required to carry out the program's goals.

So far, we have discussed the two extremes of one continuum. Clearly, many programs fall in between. We see what Evans (1971) referred to as "typical" or "traditional" preschool or kindergarten programs as falling in the middle ground. A typical classroom has preplanned curriculum, for example, a unit on the school, animals, or plants. While teachers are required to plan and set up the environment, this is not done with the same degree of structure as the behaviorist or developmentalist. Learning is predicted by the traditionalist to occur as a result of instruction, but teachers are not required to individualize or attempt to control (be responsible for) a child's mastery of concepts or social skills. To the traditionalist, most children will learn as a result of instruction. Those children who do not progress are said to be "not ready" or "emotionally insecure" or "from a difficult family." . . .

Behavioral

The following is a description of those elements of the theory necessary to understand a behavior modification early childhood educational program. It is, of necessity, not all inclusive.

The behavior modification classroom approach is based on the premise that the child's skills development is dependent upon the nature of the environment and on a trainer. Environments are comprised of objects, places, and persons (or trainers). Trainers are any individuals such as parents, children, or teachers who attempt to shape or influence the child's adoption of a behavior. The behavior of children (or people in general) is perceived to be a direct result of training. In other words, all behavior is learned behavior, including such constructs as friendliness and cooperation as well as easily observable behaviors such as walking or sitting in a chair.

Behavior is defined as all those observable events emitted by a person. All non-observable events such as motives, needs, and drives are not acceptable constructs in the theory. . . .

Children are perceived to arrive at school with some degree of skill development in the areas of motor, socio-emotional, language, and cognitive development. A teacher's prime responsibility is to be able to assess where on a continuum of skill development the child is operating. This diagnosis is based on a prior analysis of all skills into their smallest component parts. Each discrete step within skill development serves as a basis for diagnosis as well as a guide to teaching. That is, diagnosing where a child is on a continuum provides the teacher with the basis of determining where to begin instruction.

Thus, diagnosis and instruction are integrally related in the behavior modification approach. Each discrete step following the child's current attainment is to be taught sequentially and directly to the child at a pace at which the child can experience success according to a predescribed criterion. Usually the teacher will attempt to provide stimuli so that the child emits responses at a success rate that reaches 80% to 90% correct within a given lesson. . . .

All rewards are established in relation to food, and secondary rewards grow out of the interpersonal relation established between the trainer who administers the rewards and the child. In addition, the child is perceived to model and imitate the trainer in order to secure both primary and secondary rewards. Thus, modeling, imitating, and responding to verbal commands are response patterns developed by the child from interactions with trainers.

The subject matter which comprises the curriculum of early childhood classes is all those behaviors and skills deemed important by the culture. These skills include number concepts, concept formation, language development, socioemotional conformity and growth, and eventually, abstract reasoning. . . .

All descriptions of children's or teachers' behaviors are based on data. Relevant data are the number of times the teacher performs a procedure and the importance is that, following training, teachers or children will establish independent rates of emitting desirable behaviors under conditions of self reward schedules or intermittent trainer reward schedules.

The behavior modification lesson is a tightly integrated whole in which no one segment may be eliminated without serious damage to the total lesson. Therefore, a minimum lesson includes the following conditions: Objectives must be specified based on individual pupil behaviors; feedback in some form of reward schedule must be administered contingent upon pupil behavior indicating correct responses; discrete steps in the analyses of tasks must be determined and administered with appropriate materials in appropriate settings; and data must be collected upon which to evaluate the children's and teachers' performance and to plan the next phase of instruction. . . .

Normal Developmental

The normal developmental approach draws upon the field of child development for the basic stock of knowledge about children. This knowledge is usually found in the descriptions of what typical normal children can accomplish in the motor, socioemotional, and cognitive areas of development at certain ages. Thus, age is a critical dimension. For example, the Berkeley Growth and Developmental Scale, Bayley's Scales of Infant Development, the Denver Developmental Screening Test, and the Preschool Attainment Record all have used age as a reference point to assess children's functioning. In addition, most of the widely used intelligence scales used age as the reference point to assess intellectual functioning. . . .

An analysis of normal developmental programs today indicates a similar influence of age of the child as the determining variable upon which classroom experiences are built. Curriculum specialists in normal developmental programs have generated long lists of skills to be attained by the child at an appropriate age. Curriculum experiences and materials are selected which are said to reflect child growth and development principles. For example, a child's ability to button his coat by himself, to tie his shoes independently, and to use scissors with ease are perceived as typical accomplishments of the 5 to 6-year-old. Thus, these skills would be taught in the kindergarten as part of the academic program. Many toy manufacturers, influenced by this philosophy, indicate the age level to which the toy will appeal.

Of major importance in normal developmental programs are those behaviors perceived as necessary for school success. These would include such behaviors as standing in line, taking turns, sitting in groups, raising hands, and asking and answering quesiton. Thus, long lists of behaviors assumed to be associated with first grade success have been generated to describe how a child must act. Typically, the lists reflect behaviors of the average first grade classroom, which contains large and some small group instruction. Small group instruction usually is restricted to the area of reading.

Normal developmental programs emphasize those concept pairs thought to be necessary for school success such as right-left, up-down, over-under, and in-out, as well as color names, the concept of number ("You can count things"), the concept of writing ("Those marks on the board say your name"), and the concept of reading)"The books contain stories and I can read them"). Again, long lists of skills perceived to be related to academic success (reading, numbers, and science) have been generated.

Another major area of emphasis in normal developmental programs is on socioemotional development. This area is probably the least well developed area of the program if one evaluates the traditional school on lists of skills associated with emotional growth. Statements as to developing "the whole child," "a healthy self-concept," "a positive attitude towards self and others," and " a positive attitude towards school" are typical examples. In general, emotional growth is assessed by the intuitions of the teacher. The normal developmentalist makes a major assertion that the emotional development of the child underlies his cognitive development and hence, is instrumental to school success. Interestingly, those behaviors that the normal developmentalist asserts indicate socioemotional development are largely ones that reflect conformity to school rules and interest in school related events rather than independence and self-assertiveness.

Given the emphases or goals just stated, the normal developmentalist therefore constructs classroom experiences into "units" of work (such as a study of animals or the circus) in which the child can learn how to act in school, master the school related concepts and participate in school related tasks. Thus, the term preschool is very descriptive of the aim of the normal developmental early childhood educational classroom.

Cognitive Developmental

The cognitive developmental approach is an outgrowth of Deweyan philosophy, Piagetian theory, and techniques and procedures of the traditional school.

Basically, the cognitive developmentalist assumes that all children go through a series of stages of development. The stages are invariant, sequential, and hierarchically arranged, and they roughly follow the child's age periods. The stages or periods commonly accepted are the sensorimotor (0 to 2 years of age), preoperational (2 to 5 years of age), concrete operations (5 to 12 years of age), and abstract reasoning (12 to maturity). Piaget (Piaget & Inhelder, 1969; Piaget, 1971) has maintained that the child has available to him at birth innate structures by which he can act on the environment to internalize representations of the environment. As the child "takes in" objects by the process of assimilation, he constructs a model of the world. When the child must revise his construction of the world through new experiences, according to Piaget the child does so by the process of accommodation. A further process of equilibration is hypothesized to account for a mechanism which provides a motive for the balance between the processes of assimilation and accommodation.

Like Dewey before him, Piaget has posited that the child acts on the environment and that the nature of the child's acts provides the material by which the child constructs his own intelligence. Thus, the richness of the environment influences what the child can construct but does not provide the input. The child is the agent of his own experiences. In a less rich or less structured environment, the child will be delayed in his cognitive development, not because of lack of training but because of a lack of opportunities to experience.

The actions of the child are fundamental to the theory. These actions are both observable motor acts and unobservable internal acts such as occur in thinking. The child acts on the environment through his physical movements, manipulation of objects, experimentation with objects, and the internalization of symbolic representations of the objects which alter his mode of thought. The child is said to learn about the physical nature of the world (the laws of physics, chemistry and causality, as well as time and space) through play, drawing, and symbol manipulation and later through language development and reading. . . .

Ideally, the cognitive developmentalist will try to provide a rich classroom environment and an underlying structure which is appropriate to the child's stage of development. However, the structure is apparent only to form structures before he is at that stage of development.

The cognitive developmentalists do not have a well developed theory of affect development but assert that it is probably fundamental to healthy cognitive functioning. Piaget has proposed a concept of decentration, which is the process of the child's development of a concept of self by the continuous process of learning which aspects of the environment are separate from the self. This, to Piaget, is a lifelong process.

OPEN LEARNING IN EARLY CHILDHOOD[7]

Experiential

Open learning is a humanistic and personalized approach that centers on developing responsibility for discovery learning in children. The teacher no longer teaches just by telling but instead facilitates or guides learning by providing an interesting and meaningful environment. Classroom organization is more informal and the curriculum emphasis is focused on integrating various subject areas to take advantage of the children's interests. . . .

Children are seen as competent, trustworthy, and desirous of learning. When they are shown trust they respond with productive, positive, and enjoyable behavior. The only time a child must be prodded to learn or rewarded or punished is when the goal of adults for him opposes the purposes he has for himself. . . .

The classroom teacher's role has changed. There are no longer lecturers at the front of the class or fixed formal reading groups. These methods ignored individual learning styles and forced a single pattern of learning on groups resulting in ability grouping and "tracking."

Her goal is to aid children in developing respect for others, a sense of responsibility, self-discipline, and independence in learning. Her role is that of the facilitator of learning instead of the source of learning; the child himself is the source. Her job is to provide experiences that will initiate the child's thinking. She guides by the environment and materials she provides.

The teacher will be moving around throughout the day as are the children. She may work with an individual child, a pair, or a small group. Usually she will be on the physical level of the children, sitting in a small chair or on the floor.

The teacher in this role should not be interpreted as a passive observer. She constantly challenges, suggests, stimulates, prods, and demands what the child is capable of doing. Neither does the teacher abrogate authority. She is not hesitant to establish and enforce necessary rules. . . .

In an integrated day program, the teacher no longer works with the whole class or teaches one group while the others do quiet seat work, but the subjects are learned and taught simultaneously. If they desire, children can be active all of the time because the room is organized into learning centers. The daily schedule is no longer sliced into certain blocks for certain subjects, but both time and subject fields are integrated.

. . . The child is seen as the primary curriculum organizer; he brings his own concerns into the learning process so old "coverage" goals are no longer applicable. Problems devised by teachers and children take precedence over textbook problems--for example, "How much water is lost from a leaky hose in the schoolyard?" Since the child's interests are the basis for the curriculum, when he becomes absorbed, he is allowed to continue working as long as he wishes rather than having to stop to begin studying another subject.

With the integrated curriculum, children can be taught around an open-ended theme. Expression becomes a valuable tool of integration because children can describe their observations through pictures, words, and movement.

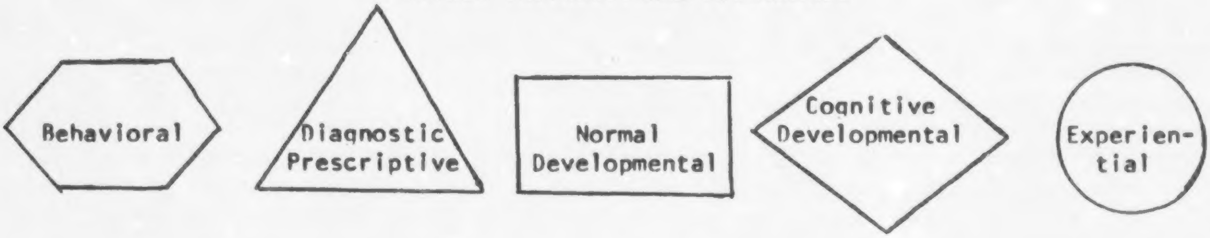
This approach requires much flexibility on the part of the teacher. Students may respond to a problem or activity in a different way than had been anticipated. Therefore the teacher must be ready to adjust her plans or extend or drop a unit according to the children's responses. . . .

The physical arrangement of the learning environment should consist of a variety of learning centers containing a wide and varied assortment of materials that are both self-corrective and open-ended. An ideal situation would be a unit of teachers employing team teaching and multi-aging. This situation would be advantageous in supplying a larger area to provide more centers and more equipment for the children. This situation would also provide more supervision in the various centers and would capitalize on the strengths of each teacher. As stated previously, however, the physical facility does not determine openness; it facilitates it. Obviously, open learning can occur in a self-contained open-learning environment. There is no one arrangement that is best or prescribed for all teachers. Teachers and children must work to find out the best organizational plan for their learning and working together, depending upon the physical space available. Whatever the arrangement of learning centers may be, open learning necessitates a well-organized environment where children respect materials and use them in a meaningful way, and where the care of this environment and the appropriate storage of materials are dependent upon all who work and learn there. For very young children the materials may need to be color-coded accoridng to the various learning centers. These centers must be changed, expanded, and contracted in order to provide for continuous growth of the children. All available space should be utilized for learning, both inside and out-of-doors.

(IB) Activity 2	Another instructional viewpoint might be called "diagnostic prescriptive." Such a strategy is very similar to the procedures described in Objective IVA of "Instructional Activities." Check with the Instructional Activities" Module if you are unclear about what diagnostic prescriptive means.

(IB) Activity 3 — List the following terms under the appropriate viewpoints. Note that some of the terms could be placed under several approaches.

EC:EEN INSTRUCTIONAL APPROACHES


Behavioral
Diagnostic Prescriptive
Normal Developmental
Cognitive Developmental
Experien-tial

1. child is passive learner
2. child is active learner
3. positive social reinforcement and modeling
4. behavior perceived to be direct result of training
5. diagnosis and instruction integrally related
6. all descriptions of behavior based on data
7. emphasis on basic concepts and social-emotional development
8. "traditional" preschool
9. stages of development
10. teachers facilitates for guided learning
11. child is primary curriculum organizer
12. emphasizes flexibility on the part of the teacher
13. behaviors must be observable and countable
14. integrated day

(IB) Activity 4

Consider your own program. You probably find yourself combining elements of one or more of the approaches listed in (IB) Activity 3. You should have a unified, overall view of the developing child. Can you articulate your viewpoints?

OBJECTIVE IC

Describe a range of ways to organize what is to be taught.

(IC) Activity 1

We have been considering how children learn. Another part of choosing a curricular strategy is deciding what children should learn.

Mary Margaret Wood and Oliver Hurley have identified five ways to organize what you are going to teach children:

1. The amelioration of deficits approach begins with children's specific problems. Curricula designed from this point of view might be described by the terms remedial, compensatory, rehabilitative, prescriptive, or behavioral analysis. When building a curriculum from this rationale the content areas emerge from assessment of a child's problems and are directed toward correcting specific deficits (Karnes, 1969).

2. The basic skill areas approach begins with the skills children use in the process of learning. Curricula are organized around skills children use in the process of learning. Curricula are organized around skills such as language, attention, sensory motor processes, social skills, perception, auditory processes, gross and fine motor facility, self help skills, and memory. With this approach to organizing a curriculum, the content areas can be identified as "skill" or "process" areas (Camp, 1973, pp. 187-198; Staats, 1968, pp. 397-469).

3. The developmental tasks approach begins with sequences of normal development. Curricula provide hierachical sequences of tasks, skills, or content that are derived either from normative information about the ways children develop or from developmental analysis of task complexity, usually related to chronological age or sequence of skills. Content areas selected in this approach tend to be broad categories of child development that are subsequently sequenced into objectives representing hierarchical steps in maturation or in task analysis (Evans, 1971, pp. 311-313; Spodek, 1973, p. 84 ff).

4. The psychological constructs approach begins with concepts from psychological theory. A curriculum organized around this rationale will generally be constructed from a number of the following content areas: self concept, focus of control, divergent thinking (creativity), convergent thinking, primary mental abilities, motivation, identify, sexuality (sex role), need gratification, and cognition. While these areas represent processes, in a sense, the primary sustantiation for their importance to curriculum has come from theoretical work attempting to explain many facets of personality and intellect (Evans, 1971, pp. 313-319; Ojemann, 1967, pp. 195-204).

5. The educational content areas approach begins with areas of academic content. This approach, perhaps the closest to curriculum used in regular preschool programs defines areas of learning on the basis of (pre)academic content to be learned. The areas most frequently included are: pre-reading, number (conservation), music, art, dance (body movement), play, story telling, social studies (people), and nature (Bereiter & Engelmann, 1966).

It is clearly evident that a curriculum can be constructed around a combination of these basic rationale types. Particularly, the first and second types are used effectively together (a deficits in basic skills approach). The second and third types are occasionally combined (basic skills sequenced developmentally). To a lesser degree, there are combinations of the fifth with the first and second types (deficits in educational content or educational content defined in terms of basic skills). Rarely is curriculum developed around psychological constructs entirely. However, in combination with other approaches, several psychological constructs may be scattered throughout a curriculum (particularly self concept and cognition).[8]

(IC) Activity 2	How would you describe the organizational structure of your program in terms of the five structures discussed in (IC) Activity 1?

GOAL II

The EC:EEN teacher will be able to apply curricular strategies to meet the needs of young EEN children.

OBJECTIVE IIA

Individualize instruction through the appropriate application of curricular strategies.

(IIA) Activity 1	The following situations reflect different teaching approaches. What is the instructional viewpoint (see (IB) Activity 4) of the teacher in each situation? What advantages and disadvantages do you see to each approach? How would you teach the skill?

SITUATION 1

Objective: Timmy will put on shirt independently.

The teacher placed two cowboy shirts (one large and one smaller) in the dress up box. The teacher was sure the fringe and rodeo design would attract Timmy. During the day the teacher joined Timmy in the housekeeping corner and said, "There are some new cowboy shirts in the box today. Can you find them?"

Timmy rummaged through the box and pulled out the smaller red shirt first. He pulled it over his head and struggled with one of the sleeves. He pulled it off and dug deeper into the box until he came up with the larger blue shirt. He pulled it over his head and with effort put his arms through the sleeve. He turned to look in the mirror and said, "Hey, were's the pretty strings?"

By this time one of his playmates, Julie, had donned the red shirt Timmy had discarded. Julie told Timmy that the "pretty string" was on the back. (He had the shirt on backwards.) After his third try, Timmy got his shirt on with the fringe in the front.

Julie and Timmy continued trying on clothes, playfully putting some on backwards and some on "frontwards."

SITUATION 2

Objective: Timmy will put on shirt independently.

The teacher walked over to the dressing area with Timmy and removed a bright "superman" shirt from the clothes rack. (Initially, the teacher used a larger sized shirt but later used smaller shirts.) Timmy was excited about trying on the "superman" shirt and the teacher talked and guided him through the complete task in sequential order:

1. Put neck of shirt overhead.
2. Put left arm into sleeve.
3. Put right arm into sleeve.
4. Pull hem of shirt down.

The teacher taught Timmy the skill in the following manner:

Step 1

The teacher:		Timmy:
1. Put neck of shirt over head.		
2. Put left arm into sleeve.		
3. Put right arm into sleeve.		
4. Prompted Timmy to pull shirt down.	→	Pulled shirt down

Step 2

The teacher:		Timmy:
1. Put neck of shirt over head.		
2. Put left arm into sleeve.		
3. Prompted Timmy to place right arm in sleeve.	→	Put right arm into sleeve.
4.		Pulled shirt down.

Step 3

The teacher:		Timmy:
1. Put neck of shirt over head		
2. Prompted Timmy to place left arm into sleeve.	→	Put left arm into sleeve.
3.		Put right arm into sleeve.
4.		Pulled shirt down.

After practicing the previous steps, completing the entire task independently proved easy for Tim.

The teacher used verbal reinforcement after each step and the final payoff for Timmy was showing the whole class he could put on the shirt by himself.

Objective IIB

Describe strategies to educate EC:EEN children in the least restrictive environment.

(IIB) Activity 1

Both state and federal laws and regulations require that exceptional children be educated with their normal peers whenever possible. While this appears to be an administrative matter, we know it falls upon the teachers of both exceptional and normal children to implement such programs and employ appropriate curricular strategies.

Read the following excerpt from a booklet by Sam Meisels.[9]

FIRST STEPS IN MAINSTREAMING

WHAT IS MAINSTREAMING?

Mainstreaming is a form of educational programming that integrates special needs and non-special needs children in regular classrooms.

The work "mainstreaming" was coined to emphasize the instruction or education of special needs children in the "mainstream of society." In the past, the major educational alternatives for handicapped children have been found outside of the regular school experience. Generally, special needs children have received instructions, or in special classes. Often, handicapped children received no basic educational experience at all.

The goal of mainstreaming is to provide a favorable and "normalized" learning environment for special needs children, and to provide this experience in the least restrictive environment possible: the regular classroom. The fundamental assumption of mainstreaming is that all children vary in their backgrounds, abilities and interests; the integrated classroom is designed to provide an educational experience relevant to these differences.

Ideally, the integrated classroom experience will help all children live their lives more fully. The emphasis in the regular classroom on normality and on strengths, as well as weaknesses, helps children learn that a disability is but one aspect of a person's life.

DOES MAINSTREAMING IMPLY A PARTICULAR CURRICULUM OR TYPE OF CLASSROOM ORGANISATION?

Mainstreaming refers only to the integration of handicapped and non-handicapped children in regular classrooms. It does not imply a specific curriculum or type of classroom organization. Some mainstreamed programs are quite traditional, some are based on theories of behavior modification, some are cognitive-developmental or open classroom in orientation.

Nevertheless, by definition mainstreamed classrooms include children with a wide range of skills and abilities within a single grouping. For such a diverse group of children to receive an educationally sound experience, some form of individualization is needed. Thus, mainstreaming implies some form of individualized instruction.

WHAT ARE SOME OF THE SKILLS A TEACHER WORKING IN AN INTEGRATED PROGRAM MAY FIND USEFUL?

The skills needed for implementing a mainstreamed program are extensive. They assume a fundamental teaching competence in the regular classroom. The additional skills that may be required will vary according to the teacher's background, the supportive services available to the school and the characteristics of the children enrolled in the program. In one school the teachers made the following list of new skills entailed by mainstreaming:

1. Knowing how to talk to children about handicaps;
2. Teaching highly active children inner controls;
3. Learning how to support parents of special needs children;
4. Learning how to talk about handicaps with parents whose children do not have special needs;
5. Learning how to work with parents who deny their child's limitations;
6. Learning how to assist parents and children through a period of hospitalization;
7. Refining skills of individualization;
8. Developing increased ability to utilize prescriptive teaching techniques;
9. Learning how to imporporate specialists into the classroom;
10. Developing behavior modification techniques;
11. Gaining awareness of physical therapy goals and techniques;

12. Becoming familiar with skills of speech therapy;
13. Acquiring familiarity with specialized medical terminology and diagnostic lables;
14. Becoming aware of the effects of medication;
15. Becoming acquainted with a number of formal and informal screening and diagnostic procedures;
16. Acquiring familiarity with state laws concerning the handicapped;
17. Coming to grips with one's own feelings concerning difference, deviance and handicaps.

WHAT CAN A TEACHER DO TO MAXIMIZE POSITIVE INTERACTIONS BETWEEN HANDICAPPED AND NON-HANDICAPPED CHILDREN?

Numerous strategies exist for maximizing positive interactions between handicapped and non-handicapped children. Some examples are:

1. Arrange with parents for special needs and non-special needs children to play together outside of school;
2. Individualize the curriculum for all children, not just the special needs children;
3. Establish respect for individuals as the prime classroom value;
4. Create a safe, protected environment so that children can risk forming relationships;
5. Explain individual differences to children in a neutral, value-free manner;
6. Read aloud books and stories that deal with differences;
7. Answer children's questions directly and honestly;
8. Reinterpret actions for children in behaviorally observable terms; e.g., "His legs don't work very well," or "It's hard for him to hold your hand without squeezing it."
9. Encourage children to use behavioral explanations rather than labels;
10. Design and guide positive interactions between children based on a common interest or curricular experience;

11. Encourage all children to talk about feelings such as fear and anger--and help them begin to understand and govern these emotions;

12. Encourage spontaneous dramatic play and role playing to help non-handicapped children identify with the experience of special needs children (e.g., using crutches, walkers, hearing aids, crawling or limping);

13. Create opportunities for all parents to meet with each other to discuss their reactions to mainstreaming.

WHAT "TEACHER SUPPORT SYSTEMS" ARE IMPORTANT IF MAINSTREAMING IS TO SUCCEED?

If mainstreaming is to succeed, teachers themselves must be committed to the concept, should have positive attitudes about the special needs children to be integrated into their classes and should have available certain necessary assistance and support. The primary sources of support are one's own colleagues, the school administration and the parents in the school.

Support from colleagues is critical when experienced teachers undertake to modify their classrooms. Innovation is usually accompanied by failures as well as successes; having these experiences in common with one's professional peers reduces the fear of failure and increases constructive problem-solving. The support of the administration is also critical. Administrators can plan meetings, coordinate outside resources, procure teaching aides, reinforce teachers for their efforts and in some cases lend professional advice concerning work with individual children. The parents of the children in the school are also key individuals in the mainstreaming process. The commitment of parents of non-special needs children to the program will ease the initial experience for the parents of special needs children. Their commitment also provides support to teachers as they begin to modify some of their teaching habits and begin to work with special needs children for the first time.

In addition to support in principle from administration and parents, teachers frequently need other substantive support. This may take the form of additional teaching assistance in the classroom (teacher's aide, assistant teacher, student teachers, parent volunteers), consultation from a more experienced teacher or specialist concerning instructional strategies, or simply more time for discussion and sharing with colleagues.

Very few teachers now working in mainstreamed classrooms were originally trained to teach in integrated classrooms. Outside support, consultation and opportunities to share experiences and ideas with one's peers are critical elements in the process of developing a mainstreamed program. Without this support, teachers must rely mainly on trial and error; with it they should be able to refine old skills and to acquire new abilities.

(IIB) Activity 2 Read the following:

Prof. Betty Vincent, EC:EEN instructor at the UW-Madison, believes that if we are to serve children in the least restrictive environment during and after the EC:EEN program, then a cooperative relationship with the kindergarten teacher is absolutely necessary.

> Without early intervention services many of these [EC:EEN] children would typically have entered segregated programs upon reaching school age. However, (it is the position of these authors that) many of the children traditionally labeled "mildly and moderately handicapped" currently receiving early intervention services will be capable of entering a regular kindergarten at age five. The dual forces of PL 94-142 and early intervention programming have significantly influenced community based service delivery systems and enhanced the probability that handicapped students will enter kindergarten classes; yet, their success in such a placement will rest, in part, on the acquisition of what may be termed "survival" skills during the preschool years and the availability of support services. . . .
>
> Survival skills are those competencies which enable a student to blend, adapt, and compete within a classroom environment. . . .
>
> . . . We must solicit the kindergarten teachers' opinions as to what skills are important to have to enter, maintain, and succeed in their classrooms.[10]

Prof. Vincent suggests that each EC:EEN teacher work with the kindergarten teachers in their district to identify what "survival skills" are needed. She and the staff of the Madison Metropolitan School District's Early Childhood Program have tentatively identified twenty such skills:[11]

1. Initiates interactions with adults and peers.
2. Interacts with adults and peers when not the initiator.
3. Demonstrates appropriate isolate play skills.
4. Makes choices from visible and invisible referents.
5. Executes at least one task from start to finish.
6. Listens and attends to a speaker in a large group.
7. Follows at least a one component direction.
8. Demonstrates turn-taking in a small group.
9. Demonstrates mobility from place to place.

10. Manipulates small and large objects.
11. Demonstrates appropriate attention-getting strategies.
12. Adapts to working in more than one room with more than one adult.
13. Demonstrates simple dressing and undressing skills.
14. Attends to task for minimum of 15 minutes.
15. Adapts to transitions between activities across the day.
16. Expresses ideas to others.
17. Communicates with peers and adults.
18. Toilets self independently.
19. Responds to social reinforcement.
20. Asks questions of others.

While this list is not claimed to be exhaustive, it clearly points to some curricular strategies that the EC:EEN teacher will want to implement to maximize the odds of survival of children in kindergarten.

> Further research will be necessary to validate these competencies across classrooms and children and to more specifically define teacher and child performance parameters (e.g., amount of assistance permitted vs. amount of independence expected). In addition, correction and punishment strategies used by . . . kindergarten teachers are typically less systematic than those found in special education classrooms. Special educators may wish to examine [their] current practices with an eye toward naturalizing the classroom environment over time to better prepare young "graduates" for the frequently less structured atmosphere of regular education classrooms.[12]

OBJECTIVE IIC

Describe resources to help plan curricular strategies.

(IIC) Activity

A tremendous resource to help an EC:EEN staff implement a particular curriculum approach exists in the First Change Network of Outreach Projects. These projects have a track record of positive results and have monies to replicate their programs in different locales. We include this resource in "Curricular Strategies" since these projects often offer personnel to train your staff in their strategies and approach.

The following is a partial listing of such outreach projects[13] limited mainly to those that are based in the Midwest. Note: Wisconsin has two such outreach projects. (Curative Workshop of Milwaukee and the Portage Project). For additional projects throughout the U.S., contact the state supervisor of EC:EEN programs.

If you identify an outreach project from the list that appears to address the curricular needs of your class, you can contact the outreach project director stating your interest in adopting their instructional approach and seeking information on their training. You may be interested in offering your program as a replication site for their model.

PROJECT TITLE: SCHAUMBURG EARLY EDUCATION CENTER (OUTREACH)

FISCAL AGENCY: Schaumburg School District #54

ADDRESS: 524 East Schaumburg Road
Schaumburg, IL 60194

PHONE: (312) 885-6700

DIRECTOR: Diane Bowyer

ABSTRACT:
The project focuses its efforts on local elementary school districts in an effort to increase the quality of services for all types of handicapped preschool children (ages 3 to 5 years) and their families. The model is Piagetian-based and advocates a natural context format delivered through a humanistic approach. The project offers a combination of services including information dissemination; needs assessments; observations at demonstration sites; inservice workshops; consultations; evaluations; and other services as needed.

PROJECT TITLE: FACILITATIVE ENVIRONMENTS ENCOURAGING DEVELOPMENT (FEED OUTREACH)

FISCAL AGENCY: Institute for Child Study, Indiana University

ADDRESS: 10th, Bypass 46th
Bloomington, IN 47401

PHONE: (812)337-1733

DIRECTOR: Nicholas Anastasiow

ABSTRACT:

This project provides an interdisciplinary program which trains relevant personnel to teach child development to junior high school students. The demonstration model includes both classroom activities and practicum experiences with normal and handicapped children in developmental patterns, normal and abnormal development, methods for helping students clarify feelings and attitudes, and techniques for integrating theory and practice. The content of the FEED Curriculum is designed to help young people learn parenting techniques that have been associated with overcoming perinatal stress. The project's outreach approach is linked to industrial marketing, diffusion, and mutual adaptation models. The approach includes dissemination of information through adaptation of the model.

PROJECT TITLE: MARSHALLTOWN PROJECT--OUTREACH

FISCAL AGENCY: Area Education Agency #6, Preschool Division

ADDRESS: 507 East Anson Street
Marshalltown, IA 50158

PHONE: (515)752-1723

DIRECTOR: Mel Walden

ABSTRACT:

The Marshalltown Project was designed to provide educational service to children age birth through five who display developmental lags. The Marshalltown Behavioral Development Profile was designed and implemented to provide a systematic approach to determine the child's eligibility and to aid the Home Advisor and parent in monitoring child progress.

PROJECT TITLE: OUTREACH

FISCAL AGENCY: United Cerebral Palsy of Northwestern Illinois

ADDRESS: 320 East Armstrong Avenue
Peoria, IL 61603

PHONE: (309)674-1808

DIRECTOR: Arthur Moreau

ABSTRACT:

This project is dedicated to increasing the services for physically handicapped preschool children (ages birth to three years) and their families by facilitating the use of the project's demonstration model.

PROJECT TITLE: PRECISE EARLY EDUCATION FOR CHILDREN WITH HANDICAPS (PROJECT PEECH)

FISCAL AGENCY: Institute for Child Behavior and Development

ADDRESS: University of Illinois
Urbana, IL 61801
PHONE: (217)333-4890

DIRECTOR: Merle Karnes

ABSTRACT:

This project focuses its outreach efforts on the following model components: identification/screening/evaluation; classroom assessment; scheduling and room arrangements, task and goal analysis; lesson planning; program overview; behavior management; and family involvement. The target population is mild and moderately handicapped children (ages 3 to 5 years).

PROJECT TITLE: ROCKFORD HANDICAPPED INFANT SERVICES EXPANSION (PROJECT RHISE--OUTREACH)

FISCAL AGENCY: Children's Development Center

ADDRESS: 650 North Main Street
Rockford, IL 61103
PHONE: (815)965-6766

DIRECTOR: Stephen Guedet

ABSTRACT:

The outreach efforts of Project RHISE are focused on target sites which serve handicapped infants (ages birth to three years) and their families. The service delivery approach is both home-based and center-based and includes a consultancy approach for working with other service delivery programs.

PROJECT TITLE: HIGH/SCOPE FIRST CHANCE OUTREACH PROJECT

FISCAL AGENCY: High/Scope Educational Research Foundation

ADDRESS: 600 North River Street
Ypsilanti, MI 48197
PHONE: (313)485-2000

DIRECTOR: Michael Hanes

ABSTRACT:

High/Scope focuses its efforts on handicapped children (ages three to five years) and their families. The project uses the High/Scope Cognitively Oriented Curriculum as the basis for its outreach efforts.

PROJECT TITLE: OUTREACH FOR EARLY INTERVENTION FOR HANDICAPPED INFANTS AND YOUNG CHILDREN

FISCAL AGENCY: Institute for the Study of Mental Retardation and Related Disabilities, University of Michigan

ADDRESS: 130 South First Street
Ann Arbor, MI 48109
PHONE: (313)764-4115

DIRECTOR: Martha S. Moersch

ABSTRACT:

This project provides training and materials for target sites developing new, or improving existing, preschool programs for handicapped children (ages birth to five years) and their families. The project uses a combined home- and center-based service delivery approach.

OUTREACH OBJECTIVES:
- --Train personnel at replication sites.
- --Provide consultation and in-service training for personnel from other agencies.
- --Develop and disseminate Early Intervention Developmental Profile.
- --Provide parent involvement training.

ACCOMPLISHMENTS TO DATE:
- --Continuation of the demonstration site.
- --Replication at three sites.
- --Dissemination of project information.
- --In-service training.
- --Conference and workshop presentations.
- --Cooperative efforts with the Michigan Department of Education.

PROJECT TITLE: OUTREACH INFANT PROGRAM FOR VISUALLY IMPAIRED

FISCAL AGENCY: Ingham Intermediate School District

ADDRESS: 2630 West Howell Road
Mason, MI 48854
PHONE: (517)676-3398
or 676-3399

DIRECTOR: Sherry Raynor

ABSTRACT:

This project's outreach efforts are directed at agencies which provide educational services to preschool visually impaired children (ages birth to school age), their parents, and their teachers. The project emphasizes a home-like atmosphere for preschool settings.

PROJECT TITLE: PREPARING MENTALLY HANDICAPPED CHILDREN FOR PUBLIC SCHOOL PLACEMENT

FISCAL AGENCY: Saginaw County Child Development Center, Inc.

ADDRESS: P. O. Box 3224
Saginaw, MI 48605

PHONE: (517)752-2193

DIRECTOR: Nels N. Andersen

ABSTRACT:

The focus of this outreach project is the expansion of early intervention services to prepare minimally mentally handicapped children ages four to six for public school placement in Michigan.

PROJECT TITLE: TELSTAR OUTREACH PROJECT

FISCAL AGENCY: Alpena-Alcona-Mount Morency Intermediate School District

ADDRESS: 1691 M32
Alpena, MI 49707

PHONE: (517)354-3101

DIRECTOR: Vicki Wozniak

ABSTRACT:

The TELSTAR Outreach Project is devoted to increasing the quality of services to a variety of handicapped preschool children (ages birth to 6 years) and their families. The project uses six major components of its demonstration model as a basis for outreach activities: (1) delivery system (home, placement in groups, use of paraprofessionals); (2) curriculum; (3) assessment (Alpern-Boll); (4) videotape coding, (5) compliance techniques; and (6) parent program.

PROJECT TITLE: HANDICAPPED CHILDREN'S EARLY EDUCATION PROGRAM--OUTREACH

FISCAL AGENCY: St. Paul Public School #625

ADDRESS: 360 Colborne Street
St. Paul, MN 55102

PHONE: (612)690-3995
or 690-5436

DIRECTOR: Susan Middleton

ABSTRACT:

This project focuses its efforts on establishing new high-quality programs and encouraging the improvement of existing preschool programs for handicapped preschool children (ages birth to five years) and their families.

PROJECT TITLE: CHAPEL HILL TRAINING--OUTREACH

FISCAL AGENCY: Carrboro Public Schools

ADDRESS: Merritt Mill Road
Chapel Hill, NC 27514
PHONE: (919)967-3295

DIRECTOR: Anne R. Sanford

ABSTRACT:
The Chapel Hill outreach project directs its efforts at improving service delivery for handicapped children (ages three to eight years). Outreach training is conducted in the areas of assessment; individualized planning; utilization of the Learning Accomplishment Profile; error-free learning; language stimulation; and teaching techniques.

PROJECT TITLE: EDUCATION OF PROFOUNDLY HANDICAPPED YOUNG CHILDREN

FISCAL AGENCY: Kent State University

ADDRESS: 252 Lowrey Hall
Kent, OH 44242
PHONE: (216)672-7970

DIRECTORS: Jeanette Reuter, Frances Archer

ABSTRACT:
The goal of this project is to promote developmental caretaking and appropriate educational programming for profoundly handicapped, institutionalized young children (ages birth to eight years).

PROJECT TITLE: TEACHING RESEARCH INFANT AND CHILD CENTER--OUTREACH

FISCAL AGENCY: Teaching Research Division
Oregon State System of Higher Education

ADDRESS: 345 North Monmouth
Monmouth, OR 97361
PHONE: (503)838-1220 ext. 401

DIRECTORS: Bud Fredericks, William G. Moore

ABSTRACT:
The project is designed to provide training for personnel to replicate the Teaching Research Infant/Preschool curriculum for moderately and severely handicapped children. Replication sites include public and private schools, group homes, and clinical settings primarily in western states. Training is conducted at Teaching Research, with subsequent follow-up at the trainee's site.

PROJECT TITLE: PROJECT SKI-HI

FISCAL AGENCY: Utah State University

ADDRESS: Department of Communicative
Disorders
Logan, UT 84322

PHONE: (801)752-4100

DIRECTOR: Dr. Thomas Clark

ABSTRACT:

The outreach effort of Project SKI-HI is directed at providing assistance which will result in (1) quality home intervention services for presently unserved preschool-aged hearing impaired children, and (2) improved services for those presently receiving some services.

PROJECT TITLE: THE MODEL PRESCHOOL CENTER FOR HANDICAPPED CHILDREN

FISCAL AGENCY: Experimental Education Unit, University of Washington

ADDRESS: Experimental Education Unit, WJ-10
Child Development and Mental
Retardation Center
University of Washington
Seattle, WA 98195

PHONE: (206)543-7583

DIRECTOR: Alice H. Hayden

ABSTRACT:

The HCEEP outreach project located at the University of Washington continues to operate its training, research, and service demonstration programs and extends its outreach and technical assistance efforts to established and new projects and programs replicating/adapting the basic principles, components, and procedures that are essential to preserving the integrity of outreach and JDRP-approved models.

PROJECT TITLE: CURATIVE WORKSHOP OF MILWAUKEE--OUTREACH

FISCAL AGENCY: Demmer-Kiwanis Children's Division

ADDRESS: 9001 West Watertown Plank Road
Milwaukee, WI 53226

PHONE: (414)259-1414

DIRECTOR: Rona Alexander

ABSTRACT:

This project emphasizes high quality services for infants and cerebral palsied children and their families. The project assists school systems and other agencies in the replication of the Pre-Speech and Feeding, Language Stimulation, and/or Parent Participation aspects of the demonstration model; disseminating information to selected target audiences, developing audiovisual and printed materials, and providing a course in neurodevelopmental treatment.

PROJECT TITLE: PORTAGE PROJECT

FISCAL AGENCY: Cooperative Educational Service Agency #12

ADDRESS: 412 East Slifer Street
P.O. Box 564
Portage, WI 53901

PHONE: (608) 742-5342

DIRECTOR: David E. Shearer

ABSTRACT:

This project focuses its outreach efforts on stimulating increased services to handicapped preschool children (ages birth to 6 years) and their families. The project has selected 10 aspects of its model for outreach activites: Rationale/philosophy; identification and referral; assessment techniques; precision teaching; curriculum planning; behavioral objectives and task analysis; home teaching process and classroom adaptations; recording and reporting procedures; use of community resources; and working wiht parents. The project provides four primary technical assistance options in facilitating the implementation of its model: (1) on-site intensive training; (2) training in various model components; (3) administrative consultation; and (4) overview of Portage Model components. An individual agreement with each site using the model is developed based on the program's needs and the options detailed.

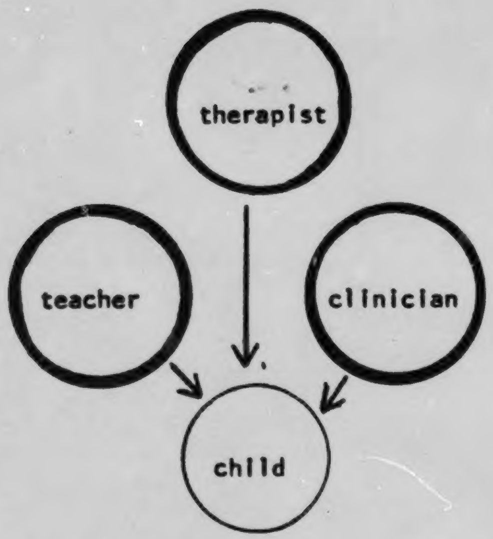
GOAL III

The EC:EEN teacher will be able to cooperatively plan and carry out programs with staff members and other related professionals.

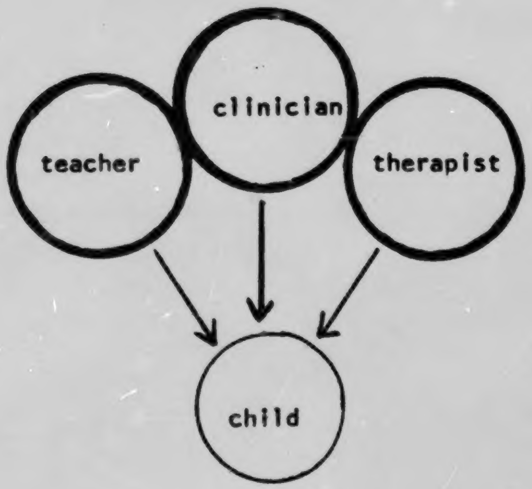
OBJECTIVE IIIA

Plan strategies for implementing an EC:EEN program with other staff members.

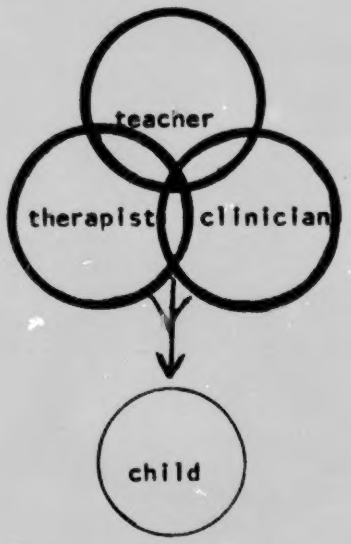
(IIIA) Activity 1	Review the following chart of special education staffing models. You may not fall specifically into one of these categories, but may be somewhere inbetween. Each model has different advantages and limitations. Planning time, personalities and teaching styles, and staff composition may influence your approach.


therapist
teacher
clinician
child

Multidisciplinary
Approach


clinician
teacher
therapist
child

Interdisciplinary
Approach


teacher
therapist
clinician
child

Transdisciplinary
Approach

Each professional instructs the child separately. Information is exchanged among staff members during formal meetings. Everyone works independently. Individual plans may or may not reflect a group consensus.

Professionals may work with child in the same environment but they stick to their "defined roles." Each staff member fulfills designated responsibilities when it's his or her "turn". Group decisions and recommendations may occur but the staff's roles determine who carries out those recommendations.

Professionals exchange information and train each other in their areas of expertise. Thus, they are able to integrate their roles and plan to provide a total approach. It provides broad exposure for both children and staff, and facilitates a more productive use of staff time. This approach requires more staff time.

(IIIA) Activity 2

Share the chart with other staff members. Do you see a need to change your approach? If so, how could you start?

OBJECTIVE IIIB

Cooperatively plan and share information with other professionals related to the EC:EEN program.

(IIIB) Activity 1 — Review the following list of working relationships with other professionals. Add to the list any other ideas you think of.

1. Be able to justify your recommendations during planning sessions.
2. Relate information from own area in terms understandable to others.
3. Listen to information from other professionals and ask questions to clarify what you don't understand.
4. Write concise and informative reports.
5. Alter your own recommendations, if necessary, to accomodate recommendations from other professionals.
6. Always share information with all professionals involved.
7. Respect other opinions of professionals. (Remember that you can disagree but still respect.)

(IIIB) Activity 2

We can always learn from each other. It's extremely important to keep communication channels open and ask questions if we don't understand the techniques another staff member uses. Your friend Mary teaches an EC:EEN class over in Happy Hollow. She's bending your ear, complaining about the new speech therapist who takes each child out of the class room individually for therapy. What could Mary propose to the therapist as a way of achieving her goals while working within the class?

(IIIB) Activity 3

It is often necessary to do a little homework to understand another profession better. This additional knowledge enables you to understand the child's total program. Read the following Physical Therapy report. Refer back to the vocabulary list for an explanation of unfamiliar terms. **Explain the report in nontechnical terms to a friend or colleague.**

CA: 31 mo.

Physical Therapy

Previous Goals:

1. Decrease fear of movement and handling.
2. Improve head and trunk righting reactions.
3. Facilitate more normal movement, especially rolling, trunk rotation, and sitting.
4. Facilitate balance and equilibrium reactions.
5. Facilitate weight bearing in 4 points, plantigrade, and standing.
6. Aid in decreasing scoliosis through trunk derotation.

7. Increase overall level of gross motor skills.

Progress:

1. Joey has improved markedly in his response to handling and movement. He is no longer fearful and welcomes the stimulation.
2. Head and trunk righting reactions are gradually improving. Joey is better able to attain flexion of his head and trunk in coming up to sit which is necessary for him to learn and attain sitting independently. Lateral head and trunk righting reactions are quite reliable and are improving in the development of finer balance and equilibrium reactions.
3. Joey is now rolling or belly crawling as his means of locomotion. Trunk rotation is still limited, especially to the left, due to the scoliosis; however, this is gradually improving. Joey can be facilitated to attain sitting from sidelying by pushing up with both hands. In sitting, he is much more mobile than previously when reaching and playing, as his balance reactions improve.
4. Overall balance and equilibrium reactions are improving in all positions, especially in sitting. Joey is beginning to attain momentary balance in standing; however, this is difficult, as well as in 4 point and kneeling due to the asymmetry throughout the trunk and the compensatory changes.
5. Weight bearing can most readily be facilitated in standing and plantigrade. No true weight shifting has yet developed in these positions, however. In 4 point, Joey appears to lack strength in his upper extremities and neck to maintain his trunk off the floor.
6. The scoliosis appears unchanged. The spine is flexible and the curve can be reduced during derotation and passive movement.
7. Level of gross motor skill is at approximately 5-6 month level.

TECHNICAL VOCABULARY

asymmetry--the lack of exact correspondence between opposite halves or sides.

body rotative--form of righting reaction requiring no physical contact with child to test. It consists of the ability to perform a series of movements to get into different positions.

coralling component--is involved in early reaching. The child's arm will move forward with abduction. Eventually diminishes so very evident that reach is forward, flexion only.

derotation--"untwisting" tested for; with child in supine position, twist hips crossing one leg over the other after 4 mo. the child tries to untwist self by turning over to stomach.

equilibrium reactions--help one maintain or regain a given posture when the surface which is supporting the body weight is altered or when the body changes its center of gravity. Reactions consist of attempting to move the body's center of gravity including assistance by extremities.

extension--movement which brings the members of a limb (or full body) into or toward a straight condition.

extremeties--an arm or leg; sometimes specifically hand or foot.

facilitate--to promote or hasten the natural process, reverse of inhibition.

flexion--act of bending or condition of being bent.

4 (four) point--on hands and knees--abdomen off the ground and head in midline.

GI crawling--forward movement on abdomen with simultaneous movement of arms.

passive movement--when an individual has body parts moved through range of motion by outside force

plantigrade--ability to support weight on hands and feet.

postural--pertaining to posture or position.

primitive responses--or primitive reflexes usually appear in the early months of life and disappear soon thereafter.

prone--lying with face downward.

protective extension--extension response of the upper extremeties in regards to sudden changes of an erect trunk. Serves to protect oneself.

protective reactions--see parachute reactions.

proximal--nearest; closer to any point of reference.

radial digits--index and middle fingers.

radial palmar grasp--(e.g., with cube) a whole hand grasp with the object being positioned in the palm more towards the radial side. No thumb opposition used.

raking--fingers all move together in a raking approach with the object being pressed against palm.

retracted--to draw or pull back.

righting reactions--adjustment or righting of oneself from a disorienting influence, i.e., when a child's body position is changed in space he will attempt to maintain the head in an upright position.

rotation--the process of turning around, twisting.

sagittal plane--vertical plane going in front to back direction dividing the body into equal left and righ halves.

scoliosis--an appreciable sideways deviation in the normally straight vertical line of the spine.

superior palmar grasp--or inferior scissors--known as monkey grasp because thumb is adducted not opposed.

tilting reactions--pertain to the "spine's" response, there should be a reactive curving when the child is tilted on a board.

unilaterally--of, pertaining to, or existing on one side only.

vestibular stimulation--therapeutic technique used in the remediation of sensory integrative dysfunctions; involves such activities as rapid spinning, rolling, etc.

weight bearing--on a joint or joints may be inhibitory or facilitatory to the muscles surrounding--body weight or less is inhibitory, more than body is facilitatory.

GOAL IV

The EC:EEN teacher will be able to design and implement schedules and structure the physical setting to meet the needs of young EEN children.

OBJECTIVE IVA

Describe factors relating to the scheduling of the program day.

(IVA) Activity 1 Read the following about scheduling the program day:

Several issues are involved when you begin to plan what will actually take place once the children get off the bus and enter the classroom. Certain time slots may be inflexible, such as when specialists can come in to work with your children, while other activities such as art and music can be more flexible.

No matter what your overall view of how young handicapped children should function in the world, how you perceive the child as a learner, or which organizational structure your program reflects, your EC:EEN program will deal directly with the major developmental areas of gross motor, fine motor, language, self-help, social-emotional, and cognitive growth.

When you sit down with a blank plan book you need to consider several factors as you fill in the blanks. If you have a strategy to use when planning, you will be better able to produce a systematic and comprehensive program that will be responsive to the children's needs and to your needs as well. Once you have established objectives for the individual children based on their needs, you can design activities to meet these needs.

Factors to be considered as you map out your program day include:

1. staff:child ratio: Is the schedule realistic in terms of the number of children and adults in the room (i.e., can you be in 6 places at once)?
2. pacing of activities: Are active and quiet times interspersed throughout the day? Do these active and quiet times reflect the needs of the children?
3. routine: Can the child expect certain things to take place each day at approximately the same time? Do you allow for flexibility and spontaneity and responsiveness to changing needs and atmospheres within the scheduled

or does the schedule rule the day?

4. continuity: Do the activities flow easily together or are they disjointed with no apparent relation to each other? Is there logical and sequential skill development from day to day, week to week?

5. acquisition/generalization balance: Is time allotted only for new and emerging skill development or are children given opportunities to practice existing skills and to generalize these skills to new situations?

6. individualization: Are large group activities designed to meet the needs and individual learning styles of the children? Are your activities adaptable to various levels of development?

7. social-emotional growth: Are your objectives for each child's social and emotional growth reflected in activities throughout the day?

8. transitions: Do you prepare children for transitions? Can you meet objectives during transition times (e.g., rolling across the carpet to the tables)?

Other factors related to the scheduling of the program day include:

9. budget
10. accountability
11. data collection
12. mainstreaming

Common pitfalls in planning occur when we plan too much or plan too little. We become frustrated when we don't get to everything or when we are left with nothing but a few old stand-bys from our bag of tricks.

(IVA) Activity 2

Consider the above twelve elements of planning a program day. How does your program deal with each of these factors? Are there other factors which should be added to the list?

motor
self-help
social-emotional
cognition
DAILY LESSON PLANS

OBJECTIVE IVB

Plan the organization of classroom space, equipment and materials.

(IVB) Activity 1 Read the following article:

CLASSROOM DESIGN[14]

Numerous variables such as physical arrangement, grouping, potential for experiences, and goals of the curriculum need to be considered when designing a classroom for children of early childhood age. Attention to these factors in the design of the classroom environment will enable the educator to provide an optimal learning environment for the students. Such an environment maximizes appropriate and reduces the probability for inappropriate interactions within the classroom.

Physical Arrangement

When determining the arrangement of materials and equipment, the teacher must keep in mind the overall goals of the classroom. Within the context of goals, the physical space of the classroom, and the number and type of children to be programmed will influence arrangement. Generally classrooms designed for young children should include small learning and exploration areas and free open areas for movement and large group activities. The ratio between these areas of the classroom will be influenced by whether ambulatory and non-ambulatory children are to be heterogeneously grouped. If a group of children includes both mobile and non-mobile children, the teacher will want to arrange materials for access by all. For example, large furniture pieces may be arranged in such a way as to be accessible for children learning to cruise, use walkers, wheelchairs, or crawl.

Another important factor in classroom design is the daily programming for children of different age levels. A teacher may possibly conduct a program for toddler-age children in the mornings and preschool-age children in the afternoons.

Some materials and equipment may appropriately be utilized by both groups. Toddler-age children, however, can usually be considered less sophisticated than preschoolers in the manipulation and operation of certain equipment and materials. The teacher ought to be flexible in the changing of the daily classroom appearance. Easy access storage closets and cabinets will provide space to store materials and toys not appropriate to one group of children yet easily attainable for another group.

Since the design of the classroom can be seen as a teaching decision, the design should be systematically changed over the course of the year. If the same physical arrangement is used all year, then the teacher is missing the opportunity provided by the physical context of the classroom to teach important independence skills. For example, during September children may need the large group area to be in a contained area of the classroom where shelves of materials and bulletin boards are not present in order to attend to the teacher and activity. If this arrangement is still the case in May, then the children may have missed out on learning to attend in a large group when many distractions are present. Future educational environments preschool age children will enter often require this ability. If a child does not have these skills, then the range of environments in which he or she can function will be greatly reduced.

Looking at Your Students

A second key issue, transcending the general functioning level of a group of children (toddler, preschool), that needs to be considered in the engineering of a classroom is the individual functioning levels of the children. Factors of distractibility, hearing and vision impairments, and motor problems suggest numerous decisions in the arrangement of the room. Visual and auditory stimuli may need to be minimized for some children through the use of a screened off area in a remote section of the classroom. This can be accomplished through the use of a screened off area in a remote section of the classroom. This can be accomplished through the use of room dividers or tall cabinets. Small group table areas can be physically spaced within areas of the classroom away from toys and stimulating materials for children who have difficulty attending to task situations. Multiple objective programming can be enhanced for the child with delayed motor development through consideration to the classroom arrangement. Children needing practice in independent cruising can benefit from the arrangement of low furniture pieces about the room in a manner which allows the children mobile access to all areas. Motivating toys can be arranged on shelves appropriate to the children's standing height. A child programmed to improve kneel standing and reaching skills can be assisted through the lowering of coat hooks, thereby allowing naturalized teaching opportunities on a daily basis. Positioning selected motivating toys to lower shelves appropriate to kneel standing and reaching heights also provides for independent increased practice. The previous examples not only provide for the meeting of individual motor objectives but also increase the child's opportunities for independent social interaction and play skills.

Relating Design to Goals

Overall, the classroom design should provide for a wide variety of general experiences. Numerous opportunities to observe and imitate peers and adults should be included. Children, through activity centers, can freely explore and experiment with various materials which have properties of size, weight, volume, color and action. Classroom areas provide children with numerous situations wherein problem solving and language skills are required. In order to participate in classroom learning areas children learn routines, rules, direction following, and the opportunity for free choice. The arrangement of specific classroom areas serves to implement many individual student objectives, such as concept experience and development (e.g., classification, seriation, sequencing, sorting), representational play, survival skills, functional language usage, and social interaction with peers and adults.

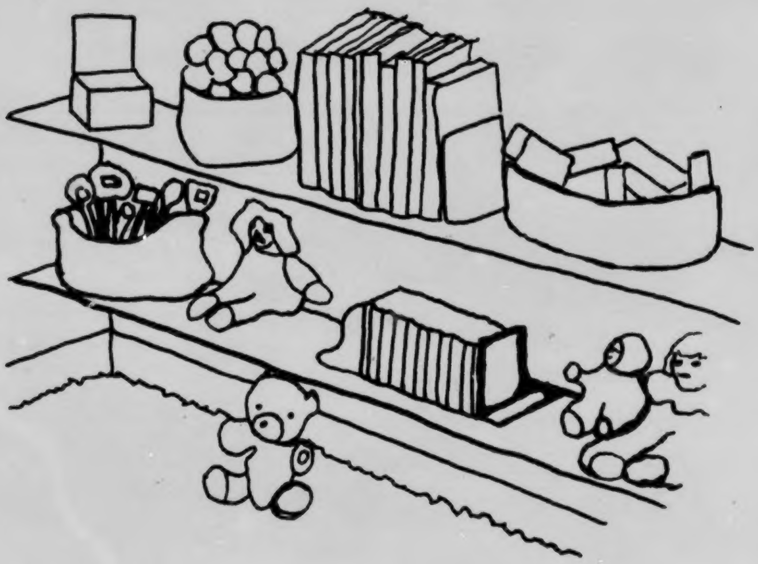
When designing classroom areas within the room a teacher needs to evaluate the functions of each and prioritize which should be included based on professional rationales. Areas a teacher might consider when designing the classroom include: kitchen and dress-up, story and quiet center, sand table, art, gross motor, music, block, toy, and fine motor. There are numerous functions these areas can serve.

The kitchen and dress-up areas provide children with numerous opportunities to imitate the things they see their parents doing at home. Engaging in such activities as dressing up and going to the store, buying groceries and cooking dinner can incorporate sequencing, classification, language, and pre-math skills, to name a few. A story corner provides young children with the world of books which they can begin "picture-reading" as well as being read to. Concept development, independence, and decision-making are a few of the positives which come with providing such an area. The sand table area gives children an opportunity to experience different textures and experiment with volume and making impressions. Changing the substances within the table (e.g., sand, water, shells, styrofoam pieces, beans) allows for comparisons and independent choice. Children can observe and imitate each other's actions. This area can provide much language and social peer interaction when the children engage in imaginary play such as drinking and eating, pouring, building homes and castles or building roads, and driving trucks and cars.

Pragmatics

A final consideration in the physical design of a classroom involves health and safety. Attention should be given to an area where potty chairs can be located for children not yet independently trained. This area should be both convenient and private. The snack/feeding area should also be placed in an area within the classroom that provides for easy clean-up and easy access to water facilities.

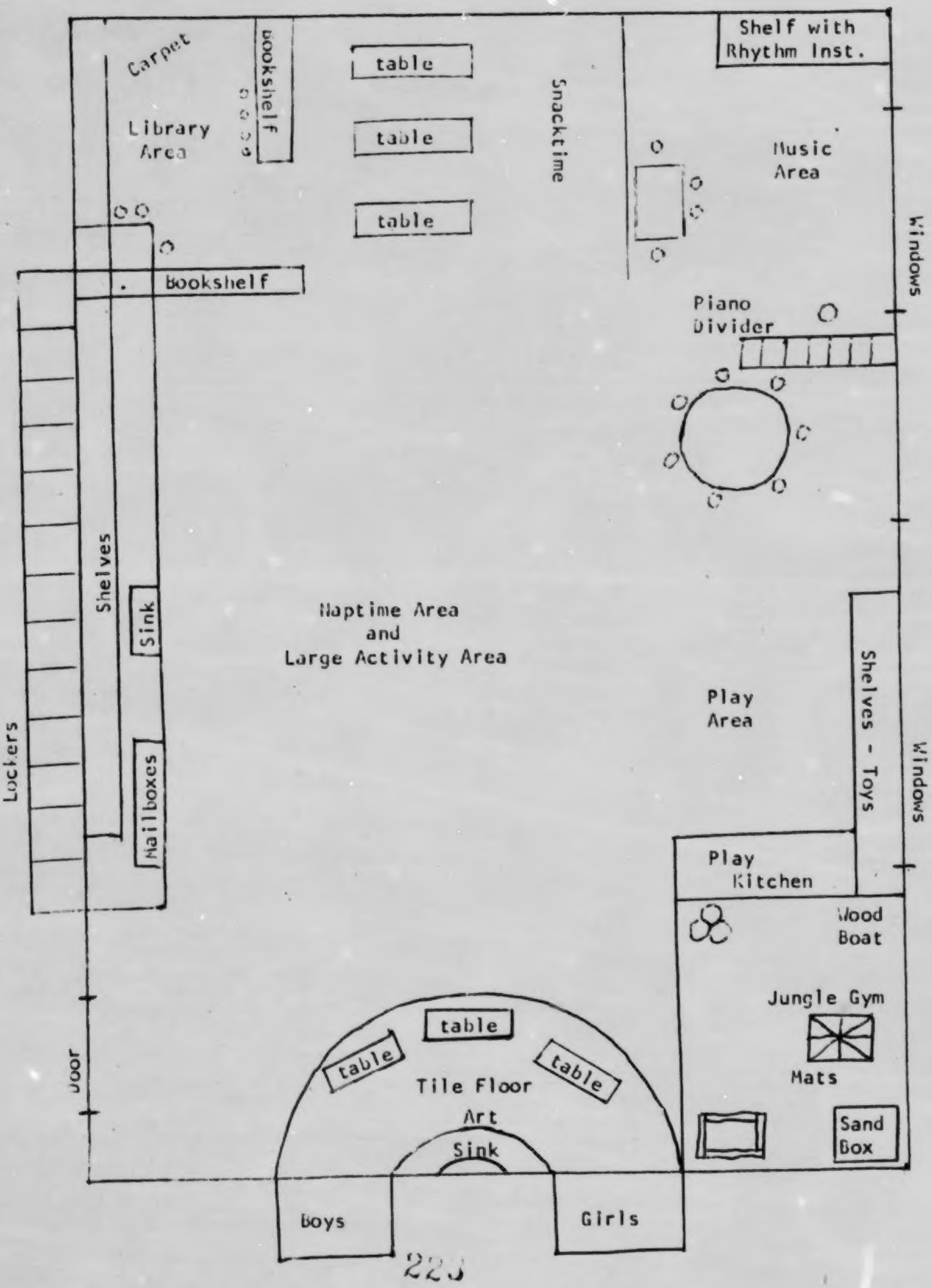
The structure of the classroom is an essential feature of the curriculum itself. Organization of the classroom and arrangement of classroom materials serve to implement curriculum goals. Young children engage in large and gross motor activities, art and role play; therefore, the classroom structure should contain open space as well as work and role play areas.



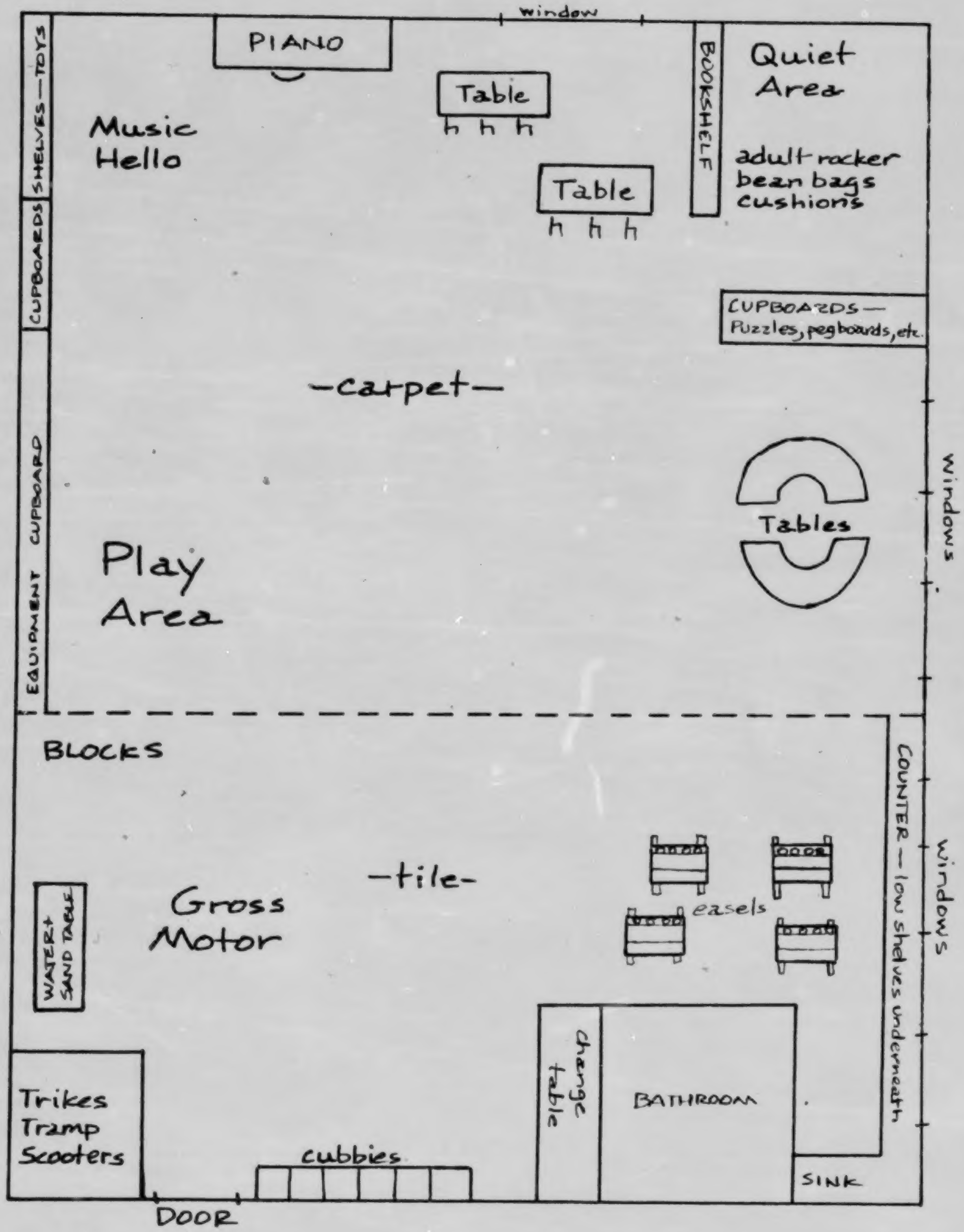
(IVB) Activity 2

Make a basic floor plan of your room. Include stationary objects such as shelves, counters, and closets. Using transparencies laid over the basic plan, add movable furniture and dividers to provide for at least four arrangement alternatives (each on a separate transparency). Some floor plan examples follow.

FIRST PLAN


Carpet
Library Area
bookshelf
table
table
table
Snacktime
Shelf with Rhythm Inst.
Music Area
Windows
Bookshelf
Piano Divider
Shelves
Sink
Lockers
Mailboxes
Naptime Area and Large Activity Area
Play Area
Shelves - Toys
Windows
Play Kitchen
Wood Boat
Jungle Gym
Mats
Sand Box
Door
table
table
table
Tile Floor
Art
Sink
Boys
Girls

Second Plan


window
PIANO
Table
Table
BOOKSHELF
Quiet Area
adult racker
bean bags
cushions
SHELVES — TOYS
Music
Hello
CUPBOARDS
CUPBOARDS — Puzzles, pegboards, etc.
-carpet-
windows
Tables
EQUIPMENT CUPBOARD
Play Area
BLOCKS
COUNTER — low shelves underneath
windows
-tile-
easels
Gross Motor
WATER + SAND TABLE
change table
BATHROOM
Trikes
Tramp
Scooters
cubbies
SINK
DOOR

(IVB) Activity 3 Use the checklists below to evaluate your own physical teaching environment.

"Evaluating Settings For Learning"[15]

It is very helpful when evaluating your setting to look at the environment from a child's point of view. Everything present in the environment, even the spacial arrangement, communicates to the child how to live in that setting. Materials that are in good condition and placed far apart on open shelves tell a child that the materials are valued, that they are meant to be considered, and that a child may take them off the shelf by himself.

Evaluation Checklist

1. Can quiet and noisy activities go on without disturbing one another? Is there an appropriate place for each?
2. Are activity centers defined so that children know where to use the materials?
3. Is self-help encouraged by having materials in good condition and always stored in the same place?
4. Are setup and cleanup simple? Are these expected parts of the child's activity?
5. Is the children's work displayed attractively at the child's eye level?
6. Do the children feel in control of and responsible for the physical environment?
7. Is the physical environment enough under control so that the major part of the adults' time is spent in observing or participating with children?
8. Do children feel safe with one another?

9. When limits are placed, do adults use reasoning and consistently follow through? Are limits enforced?

10. Is there an overall warm interpersonal environment?

11. Are there some opportunities to follow patterns or achieve a predetermined goal: puzzles, design blocks, dominos, matching games?

12. Are field trips planned to give experience with the world around us? Is there adequate preparation and follow-up after trips?

13. Are there repeated opportunities for children to use similar materials? Are materials available in a graded sequence so that children develop skills gradually?

NOTES:

1. Maynard Reynolds, ed., Futures of Education for Exceptional Students: Emerging Structures (Minneapolis: National Support Systems Projects, 1978), p. XVII. Available from The Council for Exceptional Children.

2. Ibid., p. 46.

3. Ibid., p. 67.

4. Ibid., p. 8.

5. Ibid., p. 155.

6. Nicholas J. Anastasiow and Gilbert P. Mansergh, "Teaching Skills in Early Childhood Programs," Exceptional Children, February, 1975, pp. 309-316. Reprinted with permission.

7. Barbara Day, Open Learning in Early Childhood (New York: Macmillan Publishing Co., 1975), pp. 6-16. Used by permission.

8. Mary M. Wood and Oliver L. Hurley, "Curriculum and Instruction," in Early Childhood Education for Exceptional Children, ed. by J. Jordan, et al. (Reston, Virginia: Council for Exceptional Children, 1977), pp. 134-136.

9. Samuel J. Meisels, "First Steps in Mainstreaming," Massachusetts Department of Mental Health brochure, 1977, pp. 11-13.

10. Betty Vincent, Chris Salisbury, and Lee Gruenewald, "The Next Environment: Criteria for Curriculum Development in Early Childhood/Special Education," unpublished monograph for Madison (Wisconsin) Public Schools, 1979, pp. 1-4.

11. Ibid., p. 7.

12. Ibid., p. 8.

13. Interim HCEEP Overview and Directory, produced by Western States Technical Assistance Resource (WESTAR) and Technical Assistance Development System (TADS), October, 1978.

14. Betty Vincent, Kay Broome, and Chris Salisbury, "Designing the Environment in Early Childhood/Special Education," unpublished monograph for Madison (Wisconsin) Public Schools, 1978.

15. Selected from Thelma Harms, "Evaluating Settings for Learning," in Ideas That Work With Young Children, ed. by K.D. Baker (Washington, D.C.: NAEYC, 1972), pp. 60-61. Used by permission.

INSTRUCTIONAL ACTIVITIES

The Early Childhood: Exceptional Educational Needs teacher will plan, develop, implement, and evaluate individual and group instructional activities designed to achieve habilitative or rehabilitative objectives in all developmental areas.

Mary A. McFarlane, M.S.E., Chairperson
EC:EEN Teacher
Eau Claire

Margaret Rick
Home Teacher
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Speech and Language Clinician
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Catherine Willis, B.S.
EC:EEN Teacher
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PURPOSE

"Individualized instruction indicates an organized attempt by the teacher... to identify the needs of a specific child, and to provide a set of conditions for learning that meet those needs."[1]

Organizing instruction into activities that are appropriate for each child is an important skill the EC:EEN teacher must possess. Understanding developmental sequence and writing behavioral objectives are only prerequisites to this skill. The teacher must "tune into" each child's learning style, identify the child's strengths and weaknesses, and modify activities to meet those special needs. Grouping children effectively allows the teacher to meet many individual needs in an organized way.

Understanding the "mechanics" of this module is necessary but not sufficient to maximize a child's learning.

It would be erroneous to assume that children are "teacher taught" everything they learn. To the degree we can demonstrate change in a child's performance related to a set of instructional objectives, we can say the science of teaching has occurred. The teacher who can capitalize upon learning opportunities which occur spontaneously has reached a more sophisticated level we can call the art of teaching.

INSTRUCTIONAL ACTIVITIES

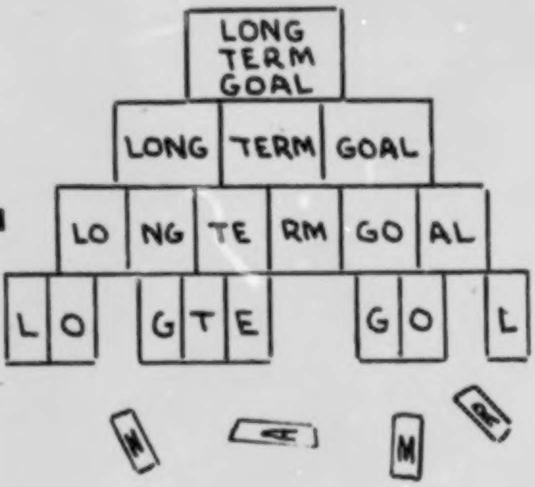
The Early Childhood: Exceptional Educational Needs teacher will plan, develop, implement, and evaluate individual and group instructional activities designed to achieve habilitative or rehabilitative objectives in all developmental areas.

GOAL I	GOAL II	GOAL III	GOAL IV
The EC:EEN teacher will be able to develop Individual Educational Plans.	The EC:EEN teacher will be able to develop activities that best facilitate the attainment of instructional objectives.	The EC:EEN teacher will organize instruction to accommodate the individual and group needs of the class.	The EC:EEN teacher will be able to evaluate instructional programming throughout the year.
The EC:EEN teacher will be able to: Objective A formulate objectives to meet long-term goals. Objective B relate the selection of instructional objectives to developmental sequence. Objective C write a complete Individual Educational Plan (IEP).	The EC:EEN teacher will be able to: Objective A produce instructional activities based on objectives in the IEP. Objective B select activities from curriculums, manuals, and activity books to best meet the needs of the class, including children with specific handicapping conditions.	The EC:EEN teacher will be able to: Objective A describe elements of an individual's learning style. Objective B effectively organize group activities for children sharing a commonality in the task. Objective C provide opportunities for the reinforcement and generalization of skills.	The EC:EEN teacher will be able to: Objective A conduct ongoing assessment. Objective B utilize ongoing assessment to improve instructional activities.

GOAL I

> The EC:EEN teacher will be able to develop and implement individual educational plans.

The writing of the IEP involves a task analysis of the long-term goals cited in the M-team report. These goals represent the framework for the IEP. But task analysis provides the content. The following objective and activities will help refresh your skills in task analysis.



OBJECTIVE IA

Formulate objectives to meet long-term goals.

(IA) Activity 1 The following description of a behavioral objective was developed by the Portage Project.[2]

BEHAVIORAL OBJECTIVES

A behavioral objective specifies what behavior you are teaching a child. It is written in behavioral terms. This implies that you must specify a measurable response which you expect from the child to indicate that he has achieved the task. Things that are measurable are only those things that you can see or hear the child do and that can be counted. The behavioral objective specifies WHO / WILL DO WHAT / UNDER WHAT CONDITIONS / TO WHAT DEGREE OF SUCCESS.

WHO: State the name of the child who is to perform the activity.

WILL DO WHAT: Specify the behavior you expect to see the child demonstrate when he has "learned" the task you are attempting to teach. These behaviors should be stated in terms of observable activities. For example: will run, hop, jump, say, repeat, sit, give, show, tell, name, cut.

UNDER WHAT CONDITIONS: State how much aid, what kind of assistance or the particular circumstances under which the child will perform the behavior. For example: in imitation, without aid, with chair for support, by connecting dots, with parent guiding or holding hand, with an initial model, with verbal cues....

TO WHAT DEGREE OF SUCCESS: State how successful the child's performance must be to assure you that the skill has been mastered. This is stated as the number of times the behavior must occur to attain credit/the total number of trials, or opportunities given. An exception to this may be when a reduction or decrease in behavior (hitting, kicking, temper tantrums) is desired. To attain credit for a task, you would generally expect 100% correct performance. On motor activities 90% is acceptable.

(IA) Activity 2

Read the following behavioral objectives.[3] Put an "A" by those which are adequate. Put an "I" by those you feel are inadequate. Underline the part you feel is not correct, or indicate what is missing.

_____ 1. Ryan will hold rattle at least 10 seconds when rattle is placed in his hand 7/8 times.

_____ 2. Jan will describe various characteristics of an object.

_____ 3. Bill will identify foods he eats.

_____ 4. Joe will drink 5 oz. of liquid through a straw 3 times daily.

_____ 5. Mom will hold Ryan's hand around rattle and shake rattle for 5 seconds 10 times a day.

_____ 6. Mary will walk up 4 stairs, alternating feet with one hand on hand rail, upon request, 4/4 times.

_____ 7. Pam will name three fruits in sequence, 3/3 times.

_____ 8. Upon hearing a verbal description of a common object, Jo will identify that object without error.

_____ 9. Jack will listen to a story for five minutes with interest.

_____10. Johnny will complete the six-piece "duck" puzzle without trial and error, 4/4 times.

_____11. Mom will name five different pairs of objects each day as being big and little with no less than a 2 inch difference in size.

_____12. Johnny will look at you when you say "Johnny" 10/10 times.

_____13. Debbie will pantomime an action when given name of the action by the teacher.

_____14. Mother will return Susie to her bed every time she leaves it during the night.

_____15. Mom will point to and name, for Susie, at least 2 objects, animals or persons, on each page of picture book provided, for 15 minutes each evening.

Check your answers below.

Those which are correct behavioral objectives are 1,4,5,6,7,10,12,14,15.

(IA) Activity 3

Write three instructional objectives, one each for three different skill areas (motor, cognitive, social-emotional, etc.). Check your objectives against the information presented in (IA) Activities 1 and 2.

OBJECTIVE IB

Relate the selection of instructional objectives to developmental sequence.

(IB) Activity 1

List the prerequisite skills required before the child will succeed in the following tasks:

Prerequisite Skills	Task
1.	Have a child select two or three objects from a grab bag and identify them when he pulls them out.
2.	Teacher gives sentences, some are correct and some are silly, such as "Kids eat chairs." The child has to say whether a sentence is "silly" and if it is, correct it.
3.	Sort pictures of animals by animals. (i.e., all zebras in one pile, elephants in another)

Prerequisite Skills	Task
4.	Present a worksheet constructed of dots that will form several rows of crosses when connected. Have child connect the dots, using different colors of crayons for each row of crosses.
5.	Have child do rhyme "Jack-in-the-box" by squatting down, then quickly standing up on the line that says, "Won't you come up? Yes I will!"

Does your list of prerequisite skills look something like this?

1. prerequisites skills--grasp and release, oral labels for objects on imitation.
2. prerequisite skills--can label things, e.g. body parts, tells item if function is given, understand concept of "silly", know the functions of things.
3. prerequisite skills--understands terms alike and different, match objects to objects, match pictures of simple color, size or shape atrributes.
4. prerequisite skills--trace vertical and horizontal lines, copy vertical and horizontal lines, hold a pencil c orrectly, imitate the production of a +.
5. prerequisite skills--independent standing for extended periods of time, independent seating of self in a small chair and come to a stand again.

(IB) Activity 2 — Decide if the following educational goals are appropriate for the child's developmental age.

DEBBIE

Area	Characteristics	Is this an appropriate goal for a 9-month school year?	Yes or No
1. Gross Motor.	Debbie creeps and has just learned to pull herself to standing.	Jumping, both feet coming off of the floor.	
2. Fine Motor.	Debbie likes to shake sound-making toys. She likes to fill and empty containers.	Scribbling with a large crayon.	
3. Self-help.	Debbie is finger-feeding and drinking from a cup with two hands.	Takes spoon filled with food to mouth.	
4. Language.	When playing, Debbie engages in vocal play and imitates voice intonation patterns.	Name family members.	
5. Social/ Emotional.	Debbie enjoys pat-a-cake and looks up when someone calls her name.	Responding to "no--no" by ceasing activity.	

JASON

Area	Characteristics	Is this an appropriate goal for a 9-month school year?	Yes or No
1. Motor.	Jason can cut out a 2-inch circle, draw a recognizable man, and hit a nail with a hammer.	Copy small letters.	
2. Cognition.	Jason completes 6-piece puzzles, names 3 colors and rote counts to 5.	Print his first name.	
3. Self-help.	Jason dresses himself (including fasteners), brushes his teeth and combs his hair.	Walk alone to school, store or friend's house within 2 blocks of home.	
4. Language.	Jason uses regular past tense forms, some irregular plurals, and can tell how common objects are used.	Put together and tell a 5-part sequence story.	
5. Social-Emotional.	Jason enjoys playing with 2 or 3 others in a cooperative activity for 20 to 30 minutes, and takes turns in group activities.	Asks permission before using another's toy.	

Do you agree with these answers?

Debbie:

1. No, Debbie's motor development is around the 9 month level, and jumping is a skill that usually develops around 24 to 36 months.
2. Yes.
3. Yes.
4. Yes.
5. No, Debbie's social development is around the 6 month level, and responding to no, no is a skill typical of a child close to 2 years old.

Jason:

1. Yes.
2. No, Jason's cognitive development is around the 3-1/2 to 4 year level, and printing one's name is a skill that usually develops around 5 to 6 years.
3. Yes.
4. No, Jason's language development is like a 3-1/2 to 4 year old's, and putting together a five part sequence story is a skill typical of a 5 to 6 year old.
5. Yes.

(IB) Activity 3

Although developmental checklists are useful tools, they may cause problems if used inappropriately. Neil Schortinghouse and Elizabeth May of the Portage Project describe these problems in the following reading[4]:

PROBLEMS ENCOUNTERED WHEN USING BEHAVIORAL CHECKLISTS

The use of behavioral checklists has expanded throughout the educational field. As an outgrowth of Behavioral Analysis, behavioral checklists have ballooned to cover almost any conceivable behavior from toilet training to flying an airplane. For example, Walls (1975) has identified over 200 behavioral checklists developed by the prolific listsmiths, with no claim for the list to be exhaustive.

These tools have been used for identification, diagnostic placement, program evaluation, and curriculum planning.

Problems in using behavioral checklists associated with reliability and validity have been discussed by various authors, (Bijou, Peterson, and Ault, 1968; Hartmann, 1975; Hull, 1971; Johnson and Balstad, 1973).

The purpose of this paper is to examine problems teachers have encountered in using behavioral checklists as a basis for curriculum planning, particularly in preschool programs. The identified problem areas are:

1. Initially Completing the Checklist Incorrectly....

A common error [which] happens when the teacher doesn't observe the child exhibiting the skill and assumes that he has acquired a behavior....

...another misuse of a behavioral checklist can occur when the teacher and/or parent view the tool as a "test" rather than as a baseline on the child's present skill levels. They want the child to "look good" and therefore sometimes give the child the benefit of the doubt if an item on the checklist is in question.

2. Teaching to Suggested Materials and Activities....

... A teacher may choose a colorful, commercially available toy and then consult a checklist to see what she can teach the child when the process should be the other way around;...

3. Following the Behavioral Checklist Too Rigidly

Once the child's initial curriculum assessment using a checklist is complete, the teacher begins to choose skills to teach the child. Those skills selected need not be the first items the child could not accomplish on the checklist. Usually there is a range of behaviors that are developmentally appropriate for the child. Often there are practical reasons that should govern the choice of behaviors within that range....

4. Targeting Only in Identified Skill Deficit Areas....

...It is possible to spend an inordinate amount of time targeting in the deficit areas and to forget that an educational program should stimulate growth across all developmental areas. A child with a skill deficit area(s) still has needs that should be met in other areas.... If this is not done, a child may inadvertently develop deficits in other areas simply because they were not addressed....

5. Avoidance of Skill Deficit Areas....

Beware, the success and rapid progress [which is] more likely to occur in nondeficit areas. The teacher may continue to target and teach in those areas because the behavior (targeting and teaching) is reinforced.... Thus, the curriculum sometimes swings more and more towards the stronger, reinforcing areas and away from the more difficult deficit areas.

It cannot be overemphasized that a teacher must provide instruction for the whole child in all developmental areas, taking that child's unique abilities and needs into account....

6. Limiting Targeted Behaviors to Skills the Teacher is Comfortable in Teaching

Preschool teachers' training and experience provide them with teaching skills that vary somewhat across the areas of development. There may be many skills listed on a checklist that a teacher either has not had the opportunity to teach or has not had much success with in teaching in the past....

...[This] could occur with a teacher who has training in a specific area, such as speech and language. Unintentionally, the teacher might tend to put undue emphasis on speech and language activities and also unintentionally shy away from teaching self-help skills such as self-feeding and dressing, expecially if that person never taught them before....

7. Using an Inappropriate Checklist

Because children progress at different rates and have different problems, some checklists may be more appropriate for some children than others. For example, a checklist based on normal development may not be nearly detailed enough for those working with severely and profoundly handicapped children....

8. Assessing and Sequencing Skills Correctly but Teaching Splinter Skills....

...A horizontal splinter skill occurs when a teacher targets an objective appropriately for the child but elaborates on that skill beyond the point where the skill is functional....

A vertical splinter skill is probably a more common error. It can occur when a teacher initially targets a developmentally appropriate behavior, but then takes that behavior to a higher and higher level of functioning....

9. Putting Unjustified Emphasis on Skills Commonly Classified as "Kindergarten Readiness"

Pressure to teach kindergarten readiness skills is a perpetual problem for the preschool teacher. The perception that these skills constitute "schooling" or "education" is pervasive. For example, when parents are asked what they would like to work on with their child, many immediately focus in on skills such as writing, printing the child's name, counting or knowing the alphabet, even though developmentally the child is nowhere near ready to master these skills....

10. Failing to Plan for Generalization and Maintenance....

...Preschool children, particularly those who have special needs, usually need to practice a skill in many situations. A child who learns to name blue blocks needs to practice using "blue" as a descriptor of many other objects and in many other objects and in many other teaching situations. That same skill will most likely be maintained if it is reinforced in the child's daily routine, e.g., by having child name blue objects in a grocery store, or choose blue clothing to wear. Thus, the child learns that "blue" is an integral part of his environment and not just the color of a block that his teacher showed him....

OBJECTIVE IC

Write a complete IEP.

(IC) Activity 1	List steps in the M-team process leading up to the IEP. This should be "old hat" by now, but new teachers are referred back to the last section of the "Assessment" module and to The IEP: We Can Do It (available from DPI Publications, 126 Langdon Street, Madison, WI 53702).

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Your list should look something like this:

1. Conduct assessment to determine existence of disability, handicapping condition, and need for special education (M-team).
2. Determine level of performance and state annual long- and short-term objectives (M-team).
3. Recommend appropriate placement and supportive services. (M-team).
4. Develop IEP (teacher).

(IC) Activity 2 Review the following checklist of activities involved in the development of the IEP:[5]

Developing the Individual Education Program

Developing the Individual Education Program: Activities Checklist

Have the following resources available before beginning activities:

1. M-team Education Plan
2. Placement statement
3. Individual Education Format
4. Invitation to parent to attend
5. Due process procedures
6. Manual

M-team Report
Procedure Manual
IEP
Approval for Placement

Activities

Check off the following activities as they are completed by special education teacher and/or regular education staff and supportive staff:

________M-team education plan reviewed.
________Placement decision reviewed.
________Parents invited to attend.
________Individual Education Program developed.
  a. Statement of annual long- and short-term objectives based on goals established by the M-team.
  b. Additional goals may be included when deemed appropriate.
  c. Statement of annual long- and short-term objectives for additional goals.
  d. Objectives include:
    1. Performance criteria
    2. Method of measurement
    3. Anticipated timeline for meeting criteria
  e. Objectives specify the names and responsibilities of all personnel involved in the program for the child.
  f. Objectives include description of:
    1. Interventions
    2. Methods
    3. Materials
    4. Provisions made to evaluate objectives at least once annually
  g. Daily and weekly class schedules include for:
    1. Special programs
    2. Regular programs
________Copies of IEP distributed to:
  a. Operating LEA
  b. District of residence
  c. Teachers
  d. Parents
  e. DHC upon request
________Copy on file and available for review

(IC) Activity 3 Review the following case study on Alan, a child in an EC:EEN program.

Case Study

Alan is a four-year, six-month-old child who has Mosaic Down's Syndrome. He lives with his mother and father and baby brother, Donnie. He has had considerable lung difficulties from birth on, but appears to have had fewer colds and less pnuemonia over the last year.

Alan's speech is often difficult for a stranger to understand. He usually speaks in three- or five-word sentences. He answers simple who, what, and where questions. His speech at this point does not include articles. It consists of the "gist" of an idea (e.g., "Me get Angie."). Alan refers to himself by name or by me, or I(sometimes incorrectly). Alan talks with both adults and peers, and often initiates the conversation as well as responding to others. He does not identify or point to any named colors consistantly. He does match colors as well as pictures correctly. Alan identifies his name and most of his classmates names. He is not consistant at identifying or finding triangle, circle or square on request. Alan does identify big (-ger, - gest) and small (-er, -est) objects when asked. He seriates seven rings on a peg with one or two errors if an adult prompts by saying repeatedly, "Find the biggest ring Alan." Alan sorts objects by size, shape, and color, if only one attribute is presented at a time. He needs assistance stringing beads, and can follow simple peg patterns (vertical or horizontal lines). Alan uses and appears to understand the following spatial concepts: in, out, on, under, around, and top. He is inconsistant with: over, between, in front of, in back of, bottom, and beside. Alan counts to five.

He can put together a simple four- or five-piece puzzle. Alan tends to be inconsistent in his pencil grasp, sometimes holding it in a three finger grasp, and sometimes holding it in his fist. He scribbles on paper and can imitate a circle, but not vertical or horizontal lines. He switches hands. Alan needs a training scissors (double handled, permitting teacher to help) to cut paper.

Alan walks, runs, and squats while playing. He is beginning to jump in place but has difficulty jumping forward. Alan does not walk backwards without assistance. He is just beginning to ride a tricycle and can ride about three yards independently. Alan catches a bounced ball and a softly thrown sponge ball about half the time. He can throw a ball towards a person, throwing underhand. He does not balance on one foot, but can walk sideways on a balance beam, stepping off two or three times. Alan walks up and down the stairs but does not alternate his feet.

Alan is very independent often telling his teachers to "go away" during bathroom time. He can be very stubborn, (e.g., he might say, "no way" when asked to do a piece of work). He is affectionate with classmates and teachers, giving hugs upon entrance, etc. Alan plays next to his friends, occasionally interacting. Alan works at an independent task for two to seven minutes without adult assistance. In group time Alan can attend for up to fifteen minutes if the task is motivating. During transition times Alan has a tendency to run away from the group and check over his shoulder to see if an adult is watching. This occurs two or three time a week.

Alan is able to eat with a spoon. He eats all solid foods. He needs assistance pouring and spreading. Alan can independently button and unbutton large buttons if they are started for him. He zips his zipper up and down if it is started for him. Alan can undo a simple belt buckle and pull his outer and underpants up and down independently. He can take off and put on his own jacket, but not his boots. Alan can remove his own shoes but needs assistance with "pulling the tongue out" when putting them back on. He needs assistance putting on and taking off a t-shirt. Alan does wash his own hands and dries them without assistance. Alan is toilet trained during the day, but not at night.

Individual Educational Plan

Identifying Information:

Student's Name Alan Budrow

Home School River View Grade EC:EEN Birthdate 12/10/73

Teacher Reporting Marna Jones Date of Conference 11/17/78

Recommended Type of Program EC:EEN

Period of Individualized Education Program Sept. 78 - June 79

Time in Special Education Per Week 100%

Time in Regular Education Per Week

Persons Involved in Program:

Regular:

Special: Marna Jones, Jan Butterfield, Mark Deffner

Supportive: Darla Isle, John Ness

Signatures Of Those Responsible For IEP:

Name	Title	Date
Marna Jones	teacher	9-21-78
Jan Butterfield	teacher	9-21-78
Mark Deffner	Physical Therapist	9-21-78
Sara Budrow	parent	9-21-78

IEP REVIEW:

Date

Persons Involved

Date

Persons Involved

(IC) Activity 4 Read the following IEP. Check for the following:

1. Are the long-term goals appropriate (based upon your knowledge from the case study)?
2. Do the short-term objectives facilitate the acquisition of the long-term goal?
3. Are short-term objectives in developmental order?
4. Are all skill areas covered for this child?
5. Is all necessary information included?

STUDENT'S NAME Alan Budrow Date of Birth: 12/10/73

HOME SCHOOL Riverview GRADE EC:EEN

DATE OF CONFERENCE 11/17 & 11/18/77

INDIVIDUAL EDUCATIONAL PLAN

PRESENT LEVELS OF EDUCATIONAL PERFORMANCE:

Alan is currently functioning with a year to 1-1/2 year delay in gross motor skills. He is functioning at the three-year level in fine motor skills. His cognitive, language, and pre-academic skills are in the two-year range. Alan is becoming more independent in self-help skills. Alan is also developing some interactive group play.

ANNUAL GOALS OR LONG-TERM OBJECTIVES:

1. Alan will answer questions with an appropriate response.
2. Alan will effectively communicate his needs and wants.
3. Alan will develop self-help skills to at least 3 year level.
4. Alan will decrease impulsive behaviors. (social-behavioral)
5. Alan will improve his coordination and strength.

INDIVIDUAL EDUCATIONAL PLAN Alan Budrow

SUBJECT AREA Gross Motor % OF TIME PER WEEK Ongoing throughout week

SHORT TERM OBJECTIVES

Objectives	Materials & Methods	Person(s) Responsible	Evaluation Criteria	---TIME LINE----		
				Begin	End	Review
1. Alan will stand on one foot without support (3/4).	gym time activities	MJ - JB - MD	teacher observation	9/78		1/79
2. Alan will walk up stairs holding a railing (alternating feet).	stairs, walking practice help and verbal cues used then removed	same	teacher observation	9/78		1/79
3. Alan will independently walk for a distance of 5' on a board (6" wide and 6" high).	boards of widths wider and then same or 6" and use of physical help gradually removed	same	teacher observation	9/78		1/79
4. Alan will independently jump with two feet together from a height of at least 6" with no loss of balance.	blocks of various heights up to 6" - help given and then removed	same	trial counts 5 days in last month before each review date	9/78		1/79
5. Alan will jump forward on floor for at least 5' in consecutive jumps (3/4).	gym and stretch games - help given etc. then gradually removed	same	same	9/78		1/79
6. Alan will pedal a trike at least 4' with verbal cues.	small trike - use of foot straps and pushing first then reduced	same	same	9/78		1/79

INDIVIDUAL EDUCATION PROGRAM Alan Budrow

SUBJECT AREA Fine Motor

% OF TIME PER WEEK onging throughout week

SHORT TERM OBJECTIVES

Objectives	Materials & Methods	Person(s) Responsible	Evaluation Criteria	---TIME LINE------		
				Begin	End	Review
1. Alan will build a tower of 6 cubes high.	DLM 1" cubes, practice, block play with larger cubes	MJ - JB	data recorded	9/78		1/79
2. Alan will copy a horizontal line, circle, V & H strokes, with visual cues.	imitation and motoring through patterns - visual cues - tracing	MJ - JB	data recorded	9/78		1/79
3. Alan will independently catch a slowly bounced ball of at least 8" in diameter.	practice with balloons, soft balls with physical help gradually removed	MJ - JB	teacher observation	9/78		1/79
4. Alan will unbutton large 1-1/2 to 2" buttons with loose holes with mininal assistance.	large buttons and holes - verbal & physical cues - dressing & undressing activities	MJ - JB	teacher observation	9/78		1/79
5. Alan will unsnap snaps on a jacket and pants independently. (3/4)	easy large snaps, DLM snap boards, help gradually reduced	MJ - JB	teacher observation	9/78		1/79
6. Alan will independently complete a 6 piece interlocking puzzle. (3/4)	Judy & Playskool wooden puzzles with cues removed gradually	MJ - JB	teacher observation	9/78		1/79
7. Alan will independently make single cuts in paper with scissors.	helper scissors - then DLM easy grip scissors - then primer scissors	MJ - JB	data recorded	9/78		1/79

INDIVIDUAL EDUCATIONAL PROGRAM Alan Budrow

SUBJECT AREA Language/cognition % OF TIME PER WEEK ongoing through week

SHORT TERM OBJECTIVES

Objectives	Materials & Methods	Person(s) Responsible	Evaluation Criteria	---TIME LINE----		
				Begin	End	Review
1. Alan will follow a related two-part command.	group activities - hello, language time - directions given during other times	MJ - JB	Data recording	9/78		1/79
2. Alan will identify 10 new objects by touching the one named when presented with a choice of 3.	teacher made, free play, labeling for Alan during all times - show and tell	MJ - JB	Data recording	9/78		1/79
3. Alan will identify 4 new action pictures by pointing to the one named.	teacher made, labeling, self going through actions and labeling	MJ - JB	Data recording	9/78		1/79
4. Alan will use 3-word sentences to express wants or tell experiences.	modeling, expansion, expatiation	MJ - JB	Data recording	9/78		1/79
5. Alan will use 2-word responses to answer questions. (3/4)	modeling, expansion, expatiation	MJ - JB	Data recording	9/78		1/79
6. Alan will imitate a counting song (4/5)	songs, imitating, cues	MJ - JB	Data recording	9/78		1/79
7. Alan will match 2D to 3D items that are the same.	teacher made, toys, common objects, photos of common objects	MJ - JB	Data recording	9/78		1/79

Cont. on next page.

INDIVIDUAL EDUCATIONAL PLAN Alan Budrow

SUBJECT AREA Language/Cognition Cont. % OF THE TIME PER WEEK ongoing through week

SHORT TERM OBJECTIVES

Objectives	Materials & Methods	Person(s) Responsible	Evaluation Criteria	----TIME LINE----- Begin	End	Review
8. Alan will complete a 2-part bead pattern with using left to right pattern with visual cues.	jumbo Playskool beads, cues to patterning then removed	MJ - JB	data recording	9/78		1/79
9. Alan will identify one of the primary colors.	project time - color activities - art time	MJ - JB	data recording	9/78		1/79
10. Alan will copy a 2-part peg pattern with visual cues.	jumbo pegs with patterns, cues gradually taken away	MJ - JB	data recording	9/78		1/79

INDIVIDUAL EDUCATIONAL PLAN

SUBJECT AREA Social/Behavioral % OF TIME PER WEEK ongoing through week

SHORT TERM OBJECTIVES

Objectives	Materials & Methods	Person(s) Responsible	Evaluation Criteria	Begin	End	Review
1. Alan will wait for his turn in a game with minimal assistance.	giving schedule during day - providing minimal physical help to wait and decrease, give good praise for good waiting	MJ - JB	teacher observation	9/78		1/79
2. Alan will participate in movement activities with verbal cues.	give praise and support to good participation, provide physical help then reduce	MJ - JB	teacher observation	9/78		1/79
3. Alan will move from one session to another when directed to do so.	provide verbal cues - keeping schedule and place of activities consistent	MJ - JB	teacher observation	9/78		1/79

GOAL II

The EC:EEN teacher will be able to develop activities that best facilitate the attainment of instructional objectives.

OBJECTIVE IIA

Produce instructional activities based on objectives in the IEP.

(IIA) Activity 1 Develop a home activity which will facilitate the acquisition of this fine motor objective: Alan will independently unsnap snaps on a jacket and pants (3/4 trials).

Activity Card

Skill Area:

Materials:

Procedure:

Did you think of this home activity?

Skill area: fine motor

Materials: baby clothes with gripper snaps

Procedure: Alan will help unsnap baby brother's pants bottoms when it is diaper change time. Mother or father watches and gives verbal help to Alan as he does this.

(IIA) Activity 2 Develop an activity that will facilitate acquisition of the Language-Cognition objective: "Alan will match 2D to 3D items that are the same by picking the correct one from two choices (2 out of 3 trials).

Activity Card

Skill Area:

Materials:

Procedure:

This is the way one teacher wrote the activity:

Skill area: Language/Cognition

Materials: photos of: ball, comb, cup, soap, and a doll with exact corresponding 3D objects.

Procedure: One at a time present Alan with photos of common objects that are in front of him. (Start with only two objects to pick from then move up gradually to at least five). Have Alan place the object that matches the picture on top of it. Work until he can do this independently by taking one picture at a time and matching it to the correct object. Talk about items as you do this.

(IIA) Activity 3 Develop a group activity which will facilitate the acquisition of the gross motor objective: "Alan will jump forward on floor for at least 5' in consecutive jumps. (4/5 times)

Activity Card

Skill Area:

Materials:

Procedure:

Did you consider an animal game?

Skill area: gross motor

Materials: cardboard cages (slit side panels for cage effect)

Procedure: Play an animal imitation game, take a trip to a pretend zoo, as the teacher comes to each box in which a child is sitting or standing he/she says "You are a ____________ (bear, stork, lion) and demonstrates what to do. Then child comes out and does the action and teacher responds with talking about the animal.

(IIA)Activity 4 Develop a transitional activity which will facilitate the acquisition of the social-behavioral skill: "Alan will go to the correct area when told it is time for gym, art, etc. (4/5 times)

Activity Card

Skill Area:

Materials:

Procedure:

Perhaps this suggestion will make transitions easier:

Skill area: social-behavioral

Materials: related materials used to cue at the beginning of each session

Procedure: When it is time to move to another session, go to it and take out the material Alan will be working with, hold up and say "Alan come to art time (movie, etc.)." Use a great deal of variance and excitement to entice him to come to that area, give physical cues at first to get him started. Praise, etc., when he comes to correct spot, especially when little cues or calling need to be used.

(IIA)Activity 5 For more practice select another objective from each skill area and write an activity for each.

OBJECTIVE IIB

Select activities from curriculums, manuals, and activity books to best meet the needs of your class, including children with specific handicapping conditions.

(IIB)Activity Develop a file of curriculums, manuals, and activity books. Include age levels, cost, and ordering information. The following is a list of some of the curriculums, manuals, and activity books that can be used in Early Childhood: Exceptional Educational Needs classes.

EC:EEN INSTRUCTIONAL ACTIVITY RESOURCES

Articulation and Language Learning
Louis J. Rosso, Janet P. Buie, Susan K. Simpson
South Carolina Region V Educational Services Center
P.O., Box 1069
Lancaster, South Carolina 29720

This 665-page articulation therapy program is enmeshed in a language framework for children three through seven years of age. It contains correlated activities and materials for speech clinicians, parents and teachers. It also includes test materials. Purchase price is $25.00.

Bailey, Janice A.: et al. Resources for Creative Preschool Teaching. Revised edition. Lincoln, Nebraska: Kansas Association for the Education of Young Children. 1974. (460pp.)

This handbook contains a wide variety of activities related to every area of pre-academic and academic curriculum development. The appendix includes a section on the value and uses of games, various types of games, and activities used to promote skills.

Bessell, Harold; and Ball, Geraldine. Methods in Human Development: Activity Guide for Pre-School and Kindergarten. La Mesa, California; Human Development Training Institute. 1972. (189pp.)

The guide contains 180 human development circle sessions within the areas of awareness, mastery (or self-confidence), and social interaction. The activities concentrate upon such topics as "Feeling Good," "Mastery of Personal Hygiene," "Learning about Cooperation," and "Understanding How My Behavior Affects Others."

Body Awareness and Control Resourcebook
Janet Zeller
Project ERIN
55 Chapel Street
Newton, Massachusetts 02160

This 333-page resource book is designed for teachers who work with three- to seven-year-old children with special needs in mainstream or special education settings. The cost is $7.00.

Chappel, Bernice M. A Time for Learning: A Self-Instructional Handbook for Parents and Teachers of Young Children. Worthington, Ohio: Ann Arbor Publishers, Inc. 1974. (144pp.)

In addition to providing instructional guides and child development information, this book offers 225 tested activities, exercises, and games, together with a wide selection of variations and suggestions to promote learning experiences to young children. The activities focus upon the interest of the infant, sensory experiences, coordination, listening, communication and language, art, creativity, science, social behavior, reading and phonics, arithmetic, and general knowledge. The activities are expressed in general terms with some illustrations.

Classroom Activities For Use With Young Children: Strategies For The Development of Specific Teaching Objectives
Nancy Alford and Audrey Bassett
Saginaw County Child Development Centers, Inc.
P.O. Box 3224
Saginaw, Michigan 48605

This kit for professionals and paraprofessionals consists of classroom activities for prescriptive teaching to alleviate deficits in perception, motor, language and affective development. Kit contains 500 five-by-eight cards. Purchase price is $10.00.

Cole, Ann; et al. I Saw A Purple Cow and 100 Other Recipes for Learning. Boston, Massachusetts: Little, Brown and Company. 1972. (96pp.)

Many of the activities in this book are particularly usefut to parents, teachers, and children in specific situations or with particular educational goals, such as sick in bed, traveling or writing, math readiness, and reading readiness. The materials needed for the activities are made from common everyday, inexpensive materials, and the directions for construction of each are clearly stated and illustrated.

Cole, Ann; et al. Recipes for Fun: Learning Activities for Young Children. Fourth edition. Northfield, Illinois: PAR Project. 1974. (44pp.)

This activity book is designed for parents, teachers, and others who work with young children. It contains basic activities that are fun and easy to do at home or school. The materials used with the activities are made from common items, and directions for construction are included. The activity units include make-believe, music and rhythm, making things, party fun, learning games, and exploring. Available also in Spanish.

Cratty, Bryant J. Development through Action: Early Childhood Education General Physical Education. Anaheim, California: Skill Development Equipment Company. 1973 (80pp.)

This book includes a discussion of early childhood development and physical education. The Sections include activities related to beginning tumbling and movement development, learning games, social development, throwing and fighting, and vigorous relays and individual activities. Many of the instructions are accompanied with illustrations and although the activities include equipment developed by the publisner, many of the items can be substituted or adaptations made using homemade items instead.

Croft, Doreen J.; and Hess, Robert D. An Activities Handbook for Teachers of Young Children. Second edition. Boston, Massachusetts: Houghton-Mifflin Company. 1975. (199 pp.)

This book contains many detailed instructions and helpful hints related to language, science, arts, pre-math, and cooking. At the end of each section there is a bibliography of resources. The format of each activity includes concept, materials, procedures, and variation and lends itself to clarity for understanding and implementing the activities.

Curriculum For Gifted
Chapel Hill Outreach Project
Lincoln Center
Merritt Mill Road
Chapel Hill, North Carolina 27514

This 350-page curriculum is based on Bloom's Taxonomy which enables the child to participate at his own level of development. There are twenty units which include correlated home and school activities, songs, poems, etc. The cost is $10.00.

Curriculum Guidelines for Kindergarten Activities. Magnolia, Arkansas: Magnolia Public School District. 1973.(91 pp.)

This book contains meaningful activities for five-year-olds, including auditory perception, language development, visual perception, social studies, science, mathematics, health, gross motor, music, and art. Each section includes suggested books, films, materials, and other aids. It is complete in the variety of topics within each subject area and would be useful for parents and teachers and others working with young handicapped children.

De Franco, Ellen B. Learning Activities for Preschool Children: A Home Teaching Handbook for Parents. Salt Lake City: Olympus Publishing Company. 1975. (120pp.)

This publication offers suggestions as to how to interest children in activities and how the child learns. The activities include the areas of language development, sensory motor area with additional or more difficult variations of each activity included. The format of each activity includes suggested age range, purpose, concepts to be taught, skills to be developed, vocabulary to acquire, materials needed, and suggested activities. Appendices A and B give additional help, with Appendix A listing titles of books and pamphlets which might be of interest to a parent. These are divided into two categories: (1)parent-child interaction and child development, and (2) home teaching how-to-do-it books. Appendix B lists different kinds of materials to use in the activities for little or no cost and places where you might be able to find the materials.

Development Activities For Young Children Birth to 3 Years.
Developed by Sewall Early Education Development Program, Sewall Rehabilitation Center, Denver, Colorado. 1975 (50pp.)

This book contains a series of developmental activities that demonstrate how simple, everyday activities are used to obtain a variety of therapeutic objectives. The activities will stimulate growth in the following areas of development: gross motor, fine motor, speech and language, social-emotional, adaptive reasoning, and self-help. The guide also contains definitions of terms and equipment list of materials. Each activity contains a description of the equipment needed, the procedures to be used and primary and secondary objectives.

Developmental Art Therapy
G. H. Williams and M. M. Wood
University Park Press
233 East Redwood Street
Baltimore, Maryland 21202

This curriculum guide (160 pages) is for therapists, specialists, and teachers working with exceptional children. Purchase price is $9.75.

Developmental Programming For Infants and Young Children
D. Sue Schafer and Martha S. Moersch, editors
University of Michigan Press
839 Green Street
Ann Arbor, Michigan 48106

This program contains three volumes (242 pages total). An assessment profile, a manual, and stimulation activities for zero through thirty-six months in the areas of perceptual/fine motor, cognitive, language, and social/emotional, self-care, and gross motor. It is for professionals. Purchase price is $14.50.

Developmental Therapy
M. M. Wood, editor
University Park Press
233 East Redwood Street
Baltimore, Maryland 21202

This 306-page textbook is for teachers as therapists for emotionally disturbed young children. Purchase price is $9.75.

Developmental Therapy For Young Children With Autistic Characteristics
A. W. Bachrach, A. Mosley, F. Swindle and M.M. Wood
University Park Press
233 East Redwood Street
Baltimore, Maryland 21202

This is a methods book (200 pages in length) for teachers and parents of children with autistic characteristics. Purchase price is $14.95

EMI Curriculum Pool Materials
Wanda B. Elder and John N. Swift
EMI-Impact
University of Virginia Medical Center
Box 232
Charlottesville, Virginia 22901

The materials are infant teaching activities and objectives for each item (birth through twenty-four months) in gross and fine motor, social cognitive, and language development. Appropriate for use by professionals. Purchase price is $5.45. (See correlated assessment scale above.)

Engels, Rose C. Language Motivating Experience for Young Children. Los Angeles: D.F.A. Publishers. 1968. (267pp.)

This book discusses the important aspects of language acquisitions and develop and provides language-related activities (receptive and expressive) in the areas of art, cooking, dramatic play, motor, music, science, "messy," and sensory, including smelling and tasting, story time, trips, water play, and other small group activities. Also included are lists of books for teachers and for children. There is an evaluation model and other assessment information. Each experience gives the material needed, things to do, things to talk about, variations, and in some situations, special adaptations for the visually (and other) handicapped. This book, although a product of a federally sponsored project which attacked the language problems of the mentally handicapped, provides many helpful "language experiences" for young children.

Farrald, Robert R.; and Schamber, Richard G. Handbook I: A Mainstream Approach to Identification, Assessment, and Amelioration of Learning Disabilities. Sioux Falls, South Dakota: Adapt Press. 1973. (523pp.)

This handbook serves as a diagnostic and prescriptive technique resource, particularly in the areas of visual, motor, verbal, auditory, and orientation skills. It discusses learning and learning style and includes specific lesson plans which state the area of disability, the general descriptors--observable behaviors, and teaching strategies. Also included is an annotated bibliography of instructional materials which lists the company, the skill areas, the approximate instructional age, and a brief description of the materials.

Findlay, Jane; et al. A Planning Guide to the Preschool Curriculum, the Child, the Process, the Day. Winston-Salem, N.C.: The Chapel Hill Training-Outreach Project Materials. (Available through Kaplan School Supply Corporation.) 1974. (411 pp.)

This guide provides 44 weeks of daily plans that are suggested for young children. The activities are multi-sensory, and the contents of the guide offer suggestions for prescriptive teaching and instructional objectives. Attention has been given to the prerequisites for accomplishing "simple" tasks, and many of the activities begin at a very low level of functioning and progress to higher levels. Also included is a list of books and of music for children.

Forte, Imogene, et al. Center Stuff for Nooks, Crannies, and Corners. Nashville, Tennessee: Incentive Publications, Inc. 1973. (375pp.)

The contents of this book have been developed to help teachers use the learning center approach to individualizing classroom instruction. Step-by-step directions for planning and implementing a wide variety of activities are included, which lend support to teaching communication skills, environmental studies, and quantitative studies, and the appendix contains many resource references. The book is illustrated and offers many examples of games which can be easily constructed. (Note: Another book from the same publisher is Kids' Stuff: Kindergarten and Nursery school.)

Fredericks, H. and (10 others). A Data Based Classroom for the Moderately and Severely Handicapped. Monmouth, Oregon: Instructional Development Corporation.

This book describes the complete classroom model developed by the Teaching Research Infant and Child Center. A complete task analyzed curriculum which includes self-help skills, motor skills, receptive and expressive language, and basic cognitive skills.

Hackett, Layne C. Movement Exploration and Games for the Mentally Retarded. Palo Alto, California: Peek Publications. 1970. (120pp.)

The illustrated book contains many activities related to movement exploration: body image and space awareness; self-confidence, visual focusing and balance, strength, and endurance; and hand-eye coordination. The appendix includes information concerning the construction and acquisition of equipment and materials useful for movement exploration. Also included is a helpful summary chart of games and activities that displays which activities are appropriate for various levels of difficulty.

Hirst, Cynthia C.; and Michaelis, Elaine. Developmental Activities for Children in Special Education. Springfield, Illinois: Charles C. Thomas, Publisher. 1972. (258 pp.)

This test is for those teachers whose training is in the field of special education with no specialization in physical education. It is also written to provide an elementary progression of activity presentations for those learners employed at the training centers for the handicapped. The sequences in the text range from a simple and basic analysis to the complex and complete skill in a variety of activities. The purpose of this book is to present a program of physical activities which help the child with learning disabilities to develop, according to each child's potential, those physical skills necessary for enjoyable living. Academic skills have been integrated into the practice activities presented for physical development. There are many illustrations to assist the reader in understanding the positions of the child for the activity. The format includes directions for formation of children (group activity), equipment, number of players, description of the game, and teaching suggestions.

Infant/Toddler Learning Program
Earladeen Badger
Infant Stimulation/Mother Training Program
University of Cincinati/Department of Pediatrics
231 Bethesda Avenue
Cincinnati, Ohio 45267

This 168-page Piagetian-based sequential learning program spans the first three years of life. Purchase price is $10.00

Karnes, Merle B. Helping Young Children Develop Language Skills: A Book of Activities. Reston, Virginia: Council for Exceptional Children. 1968. (134 pp.)

The activities included in this book were designed by teachers to improve the language skills of culturally disadvantaged preschool children but may be used with any child. The activities reflect the language model used in the Illinois Test of Psycholinguistic Abilities (ITPA) and focus upon the five major processes of (1) understanding (decoding), (2) determining relationships (association), (3) closure (integration), (4) expressing ideas (encoding), and (5) memory. In addition to offering procedures to follow, each section includes the names of specific games and where they can be purchased.

Learning Accomplishment Profile (LAP)

Anne R. Sanford
Kaplan School Supply
600 Jonestown Raod
Winston-Salem, North Carolina 27103

This ninety-four-page assessment device is designed to generate developmentally appropriate learning objectives for individual children (birth to six years). It enables the teacher to assess the child in the classroom within the framework of daily activities. The cost is $2.00.

Learning Activities

Chapel Hill Outreach Project
Kaplan School Supply
600 Jonestown Road
Winston-Salem, North Carolina 27103

This 400-page activities manual has a corresponding activity sheet for each item on the LAP from the developmental age twelve months through seventy-two months. Each activity sheet contains direct teaching procedures, a list of materials needed, and additional activities for expanding the skill. The cost is $10.00.

Marshalltown Behavioral Prescription Guide. Manuals IIA, IIB, IIC.

Marshalltown, Iowa: The Marshalltown Project Preschool Division

Curriculum materials developed by this project include three manuals categorized into three skill areas: communication, motor, and social. More than fifteen hundred strategies are listed which are compatible with the Behavioral Developmental Profile. The activities within each manual uses common household items and toys, and each activity contains a correlation number to the profile, behavioral objective, measurement criteria, materials needed, and step-by-step procedures. The manuals were designed for use in the home by parents of preschool handicapped and culturally deprived children.

Music in Developmental Therapy

J. Purvis and S. Samet
University Park Press
233 East Redwood Street
Baltimore, Maryland 21202

This is a detailed source book (250 pages in length) of developmentally sequenced music activities for emotionally disturbed children. Purchase price is $9.75.

Piedmont Regional Curriculum
E.C.E. Outreach
Whitten Village
Drawer 239
Clinton, South Carolina 29325

This 280-page curriculum has both assessment and curriculum activities and is divided into three areas: cognitive, affective, and psychomotor. It is a complete and comprehensive guide for children ages birth to six years. The cost is $7.50.

A Planning Guide: The Preschool Curriculum
Chapel Hill Outreach Project
Kaplan School Supply
600 Jonestown Road
Winston-Salem, North Carolina 27103

This 413-page guide presents correlated curriculum materials and multisensory activities which provide for individual developmental differences in children. Forty-four weeks of topical units are arranged in a sequence of daily activities. The cost is $7.95

Quick, Alton D.,, et al. Project Memphis: Enhancing Developmental Progress in Preschool Exceptional Children. Belmont, California: Fearon Publishers, Lear Siegler, Inc. 1974. (152 pp.)

Although the book is primarily concerned with program development and staff training, it includes many lesson plans related to personal and social development, gross and fine motor development, language development, and perceptuo-cognitive development. Each lesson contains purpose, equipment, and procedure sections, and indicates the developmental level (year) for which the lesson was designed. The appendix includes examples of education equipment, homemade equipment, and recipes.

Reichard, Cary L.; and Blackburn, Dennis B. Music-Based Instruction for the Exceptional Child. Denver, Colorado: Love Publishing Company. 1973. (230 pp.)

It is the authors' contention that all children can benefit from music-based instruction, and this text has been developed to provide special education teachers and others with suggestions, resources, and activities relating to such instruction. Each activity has a statement of outcome (goal), purpose, materials, and procedures. The appendices include an activity cross-reference by outcome (goal) and music; books categorized for use with retarded children, authors' evaluation for series and song books, useful recordings for exceptional children; and musical instruments and their use with exceptional children (including commercial and homemade instruments). A unique book for use with young handicapped children.

Rise Computerized Curriculum

Loreta Holder and Martha Cook
Dr. Loreta Holder
P.O. Box 2592
University of Alabama
Tuscaloosa, Alabama 35486

This curriculum consists of an assessment with 1400 objectives in areas relevant to the multihandicapped (birth through six years) and IEP's corresponding with each assessment item. Purchase price is $22.50.

A Sequential Curriculum For Early Learning

Kathryn J. Cole and Anne H. Stevenson
Saginaw County Child Development Centers, Inc.
P.O. Box 3224
Saginaw, Michigan 48605

This curriculum (222 pages) contains activities for promoting a series of developmental skills in the two- through six-year age range in cognitive, physical, social and emotional areas. It is appropriate for professionals and paraprofessionals. Purchase price is $6.00.

Shapes and Things

Nancy Gooch and Ann Finklestein
Whitten Village
Drawer 239
Clinton, South Carolina 29325

This twenty-two-page illustrated booklet is designed for use with preschoolers to teach circles, squares and triangles. Purchase price is $ .75.

Teaching Activities for Parents

Child Development Resources, Inc.
P.O. Box 774
Williamsburg, Virginia 23185

This 250-page book contains methods and materials for parents to use at home for teaching over 250 skills and behaviors in the areas of gross and fine motor, self-help, social, and language development. Purchase Price is $20.00.

Technical Assistance Development Systems. "Lessons in Skill Development: Training in Early Education of Children with Handicaps." Chapel Hill: University of North Carolina. 1973. (58pp.)

This manual provides activities related to gross and fine motor, perception, reasoning, and social-emotional development. The format of each activity contains the following categories: lesson area, materials needed, objectives, procedures, and comments. The activities are specifically designed and used with handicapped children and are presented in such a manner that parents, aides, and others could use them.

Telstar Developmental Checklist
Alpena-Montmorency-Alcona Intermediate School District
1691 M-32 West
Alpena, Michican 49707

This checklist of thirty-one pages is used to establish, record and evaluate the completion of goals. It is appropriate for use by teachers and parents. Purchase price is $ .50.

Time to Talk: A Guide To Normal Language Development
Vera Bero
Project Maine Stream Outreach Program
M.S.A.D. 51
Cumberland, Maine 04021

This illustrated sixty-five-page handbook, which accompanies the "Talk to Me" slidetape, explains in more depth the characteristics of each stage in expressive and receptive language. A number of activities to stimulate language are suggested for each level. The cost is $3.00.

Turner, Judy. Educational Activities For Young Children: Creative Play.
San Rafael, Californai: Academic Therapy Publications. 1973. (80 pp.)

This book presents a wide range of educational activities related to creative play, using water, modeling, sand, art materials, and so forth for the young child up to the age of seven. In addition, there are activities involving imaginative play, including dramatic games, puppets, and indoor and outdoor games. There is a section which presents activities to promote readiness skills. The book gives many illustrations which explain how to make educational and play toys from common inexpensive items.

Wagner, Guy; et al. Games and Activities for Early Childhood Education.
New York: The Macmillan Company. 1972. (151 pp.)

This book contains a wide variety of games and activities which may be used with three-year-olds and older, and are simple in design. Many of the games and activities are helpful in facilitating readiness for reading and math, and include exploring science, dramatic play, stimulating creative art, enriching social studies, and rhythm and movement. There is a listing of sources mentioned in the text and additional references for the young child, parents, and teachers.

Wabash Center, Guide to Early Developmental Training, Allyn and Bacon, Inc., 1977 (516 pp.) 470 Atlantic Avenue, Boston, Mass. 02210

A comprehensive curriculum which provides a developmental training model for infants and young children with a wide range of physical and mental disabilities. Checklists and activities cover the major areas of development. Adaptable to the individual child as well as groups of children. This is an excellent resource.

Weikart, David P.; et al. The Cognitive Oriented Curriculum. Washington, D.C.: National Association for the Education of Young Children. 1971. (182pp).

This guide is based primarily upon Piaget's theory of cognitive development and includes a discussion on teaching methods and program organization. The activity sections include the areas of classification, seriation, and spatial and temporal relations. Each activity states the conceptual focus and level of representation, and lists the motoric and verbal instructions. It provides basic information for both parents and teachers and is appropriate for use with young handicapped children.

GOAL III

The EC:EEN teacher will organize instruction to accomodate the individual and group needs of the class.

OBJECTIVE IIIA

Describe elements of an individual's learning style.

It does not take a beginning teacher long to discover that the activity that is successful for teaching one child may not be as effective with the next, even though their developmental level is similar.

Another variable to address in planning an instructional program is the child's "learning style." It is a well-researched and documented fact that students acquire information and skills in many different ways. Rita and Ken Dunn and Gary Price have identified at least eighteen different elements that affect a person's ability to absorb and retain.

(IIIA)Activity 1 Examine the following table of these eighteen elements. How many are variables for your young handicapped children? Can you add other elements to the table?

DIAGNOSING LEARNING STYLE[7]

STIMULI	ELEMENTS					
Environment	Sound	Light	Temperature	Design		
Emotional	Motivation	Persistence	Responsibility	Structure		
Sociological	Peers	Self	Pair	Team	Adult	Varied
Physical	Perceptual	Intake	Time	Mobility		

(IIIA)Activity 2

A questionnaire on learning styles follows. Fill out the form for one child. Hopefully, you will gain some helpful insights. Perhaps you'll want to do it for the rest of the class.

Learns best when the classroom is:

______quiet
______bright
______warm
______structured
______active
______dim
______cool
______open

Attends best when this approach is utilized

______auditory
______visual
______kinesthetic
______multisensory

Handles an activity best when it is:

______structured
______programmed
______short
______flexible
______free choice
______long

Participates best when he works:

______alone
______with another child
______with an adult
______small group of children
______large group of children

Learns best when he can:

______stand
______kneel
______sit
______lay
______move around

Performs best:

______in the morning
______in the afternoon
______in the evening
______before eating
______after eating

OBJECTIVE IIIB

Effectively organize group activities for children sharing a commonality in the task.

(IIIB) Activity 1 Read the following explanation of heterogeneous grouping.[8]

Integrating children with several disabilities into one classroom may also be a challenge to a curriculum design. Will the children be grouped heterogeneously or homogeneously? It may require more planning to try to group children with a variety of weaknesses and strengths together so they may serve as models for each other, but it may be best for the children. A child may be physically involved, but can serve as an excellent model for cognitive skills. There may be areas in which all the children in one class are deficient, but usually one is stronger than another in one area; use this child for a model in that area--let the other children know you are proud of this child's skill and the others will want to imitate that skill. Multiply-handicapped children can benefit from being in a classroom with children who do not have these handicaps. The other children can be used to stimulate this child socially. Have the other children play with this child, show them what you want them to do; they will enjoy it. Although group instruction is ultimately more functional than tutorials, some individual (i.e., one-to-one) programming will need to be done with some children. This may have to be done while others are in free play or separated into groups. Three of my children needed range of motion exercises every day and this was done when they got to school and the others were playing. Some of the other children even joined in because it looked like such fun. These are also the children where a combined behavioral and developmental approach has the most implication. You cannot wait for these children to develop naturally, yet you need to set reasonable behavioral objectives for them.

You may have a classroom which has children of different ages in it. You may have three 2-year-olds and four 4-year-olds. The needs and objectives you will be setting for these children will be different but you will need to look at designing your curriculum to meet all their needs. One group may be working on one-to-one correspondence and another on matching quantity to numerical. You can group the children according to needs as in the above example. The same activity may also be used for both groups through the use of unit activities. Bringing animals in the classroom you might expect the 2 year old group just to experience feeling, touching, and watching the animal to stimulate language; the 4 year group may be expected to note the animal has 4 legs, is soft and its ears are big or little. Another example may be a music activity; a song devised for imitation for the younger group can be designed to teach concepts to the older group. Although you may not expect the younger group to grasp the concepts mentioned in the above example, exposing them to these concepts is beneficial. Look at each skill area and determine how you can adapt it for each group's needs. Use your imagination!

Programming throughout the day should reflect your attempt to maximize each learning situation. This is achieved through the systematic, thoughtful, and creative use of time, space, materials, and grouping.

(IIIB)Activity 2 Read the following on ways to individualize instruction in a group setting.

The following is a discussion of differential responding, which is requiring each child to respond at his or her one level. For example at snack time you may say "who wants juice?" and give one child juice for saying "ju," another needs to say "I want juice," another just needs to open mouth on approach of the glass. You cue, help, and praise different kinds of responses depending on each child's abilities and skill levels.

Using differential responding is good in EC:EEN classes because—

1. all children get a fair chance to participate.
2. lower level children can learn from models presented by other children.
3. each child is able to be successful.
4. because all children are in a group so social aspects can more easily develop.

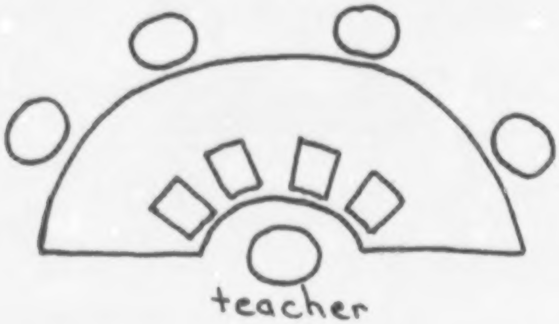
(IIIB)Activity 3 At times children cannot be working on the same task as a group so it is necessary to set up different work tasks for each child within a group. Think of a system to organize each child's tasks in the classroom. Some examples follow.

Here are some examples:[9]

1. One teacher purchased office stacking baskets for each child. Each basket was labled with the child's name and every morning the teacher would place the materials in the basket that that child should work on that day. At table work time each child received his own basket with his own materials in it. This allowed the children to work on their own specific needs. For example, one child worked on stringing beads while another practices drawing trinables, and still another did color matching.

2. Another teacher invented what she called "mat time." Each child had a mat and all the mats were arranged in a circle during mat time. The teacher placed each child's materials on the mat and then worked from the middle of the circle so that she could quickly reach any child who needed help. As a child brought completed tasks to the middle of the circle for checking and was then allowed to go to free play.

3. Fill individual buckets or dishpans with each child's work and have the containers at their place at a kidney shaped table. Have the child's name and picture on the bucket. Include at least one task in each bucket that child can do alone. The teacher can easily reach and face each child and rotate from child to child to teach new tasks.



(IIIB) Activity 4 — Plan for one twenty-minute period of small group instruction. In a classroom situation in which you group "real" kids, the consideration of individual learning styles, children's levels of functioning, time, materials and staff all come into play. Since we cannot provide you with "real" kids in this simulation, we ask that you test your scheduling ability with the limited information provided.

You have the following people to use as group leaders:

Tammy, the teacher

Allen, the aide

Vicki, the volunteer

Organize your activities from the individual objectives. Present this information on a grid also indicating:

Time

Material needed

Location of activity

Children involved and their target goals

Susie--counting objects 1-5

Kenny--refine pincer grasp--place penies in piggybank on first try

Julie--classify photos of peers into two groups according to sex

Tom--sort silverware into tray

Bill--match objects to outlined form

John--counting pennies up to five

Carrie--match objects to outlined form

Timmy--name peers in photo in imitation

One teacher considered "materials" as the common denominator in grouping and came up with the following schedule. Some of this information may never appear on your written schedule as its thought out in your head or perhaps you have found shortcuts in scheduling. Nevertheless the ability to plan effectively is necessary.

SCHEDULING FOR SMALL GROUPS

Time	Adult Leader	Activity	Materials to Prepare	Children: Target Goals	Location
9:30	Tammy	Counting pennies	Piggybanks	Susie John > count pennies (1-5) as they place in piggybank	Activity Table
		Encourage pincer grasp	Pennies	Kenny----place pennies in piggy-bank on first try 7/10	
9:30	Allen	Matching utensils to outlined form	Spoons, Knives, Forks, Tray, Tagboard of Forms	Bill Carrie > match utensil to outlined form	Housekeeping Center
		Sort in tray		Tom------sort utensils in try	
9:30	Vicki	Naming children in photos	Photos,	Timmy----names peers in photo in imitation	Story Corner
		Sex classification	2 "Pockets" for Sorting	Julie----sort into girls/boys pile	

OBJECTIVE IIIC

Provide opportunities for the reinforcement and generalization of skills.

(IIIC) Activity 1 Read the following on the "transfer of learning."[10]

Normally functioning children can acquire information in one situation and subsequently apply this information in settings where the skill has not been taught. This transfer-of-learning frequently does not occur with handicapped children. Two things may be operating in such instances: (a) the child transferred the information to the novel situation or materials but did not maintain performance, or (b) the child did not transfer the material sufficiently to the novel situation (Rincover & Koegel, 1975). When children perform skills in restricted or isolated situations, then responding is really nonfunctional. The more adaptive skill is one which the child can apply across a range of situations as needed.

Several instructional strategies exist for facilitating the transfer of learning:

1. Shifting from artificial to naturally occurring reinforcers.
2. Thinning out the schedule of reinforcement.
3. Training across a variety of materials, language cues, people, and settings.
4. Reinforce the desired skill in the novel environment.
5. Train adults in the various environments in which the child has contact,

Through the systematic application of these instructional strategies redundancies in teacher effort may be reduced and more functional skills developed in the child.

(IIIC) Activity 2   Read the following: "

. . . "Concepts and processes must be generalized to many different situations before they become functional. Daily activities provide many opportunities for such generalization. When a concept has been introduced it should immediately be incorporated into as many of the child's activities as possible. For example, after introducing the concepts before and after they should be applied to many situations such as:

-Discussing the daily schedule (what do we do after lunch? before recess? after music?)

-Telling a story (what happened after...? before...?)

-Washing hands (what do you do after you wash? before you use soap? after you use soap?)

-Snack time (what do you do before you drink your milk? What do we do after snack time?)

-Art time (before you paint what should we do?)

-Bus departure (you must get ready before...because your bus comes before...'s)

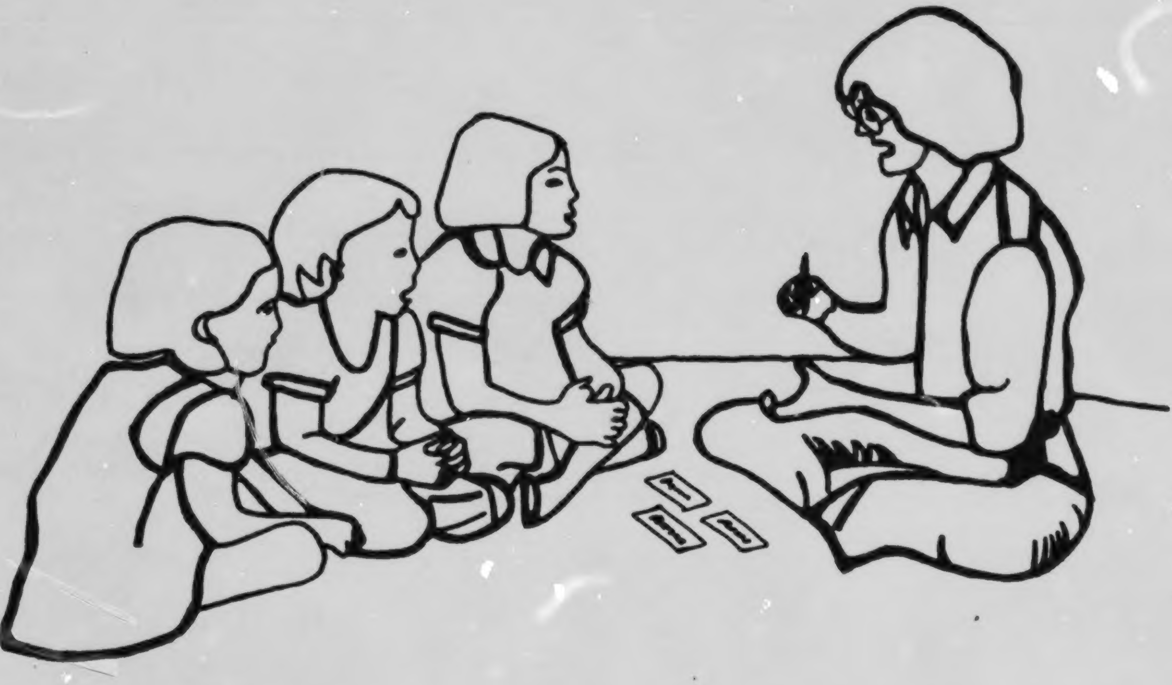
-Playground activities (waiting for turns; who is before...? who is after...?) (putting on wraps, what will you put on after...?)"

(IIIC) Activity 3

You have just introduced the concept of "big" and "little." What activities would you suggest to the child's family to facilitate generalization?

(IIIC) Activity 4

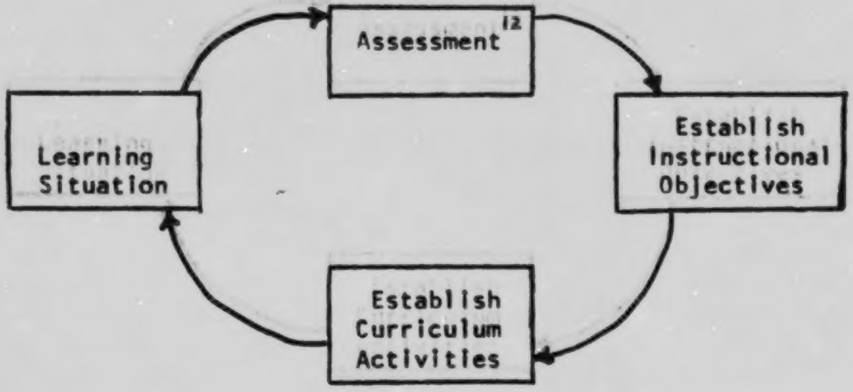
As an introduction to name recognition, your student teacher has used color-coded name tags during circle time. What additional activities would you suggest to the student teacher to reinforce name recognition and generalize it to other situations during the school day?



GOAL IV

The EC:EEN teacher will be able to evaluate instructional programming throughout the year.

The ability to respond to data and to modify programs accordingly is the essence of individual programming. Thus, an important aspect of instruction is assessment.


Assessment[12]
Establish Instructional Objectives
Establish Curriculum Activities
Learning Situation

As long as this flow remains intact you can be assured that your specific activities are being evaluated for appropriateness, that is, you know what you want the child to learn (task), its relation to other tasks (task analysis), and how its success is to be measured (performance criteria).

OBJECTIVE IVA

Conduct ongoing assessment.

Once activities have been established to reach an instructional objective, ongoing assessment measures the child's progress (or lack of it) toward that objective.

R. Vance Hall lists three methods commonly used to measure and record behavior.[13]

1. Automatic recording. An automatic recording device is one in which one's response activates an electrical or mechanical apparatus that in turn automatically records each response.
2. Direct measurement of permanent records. Many classroom behaviors result in a lasting product that can be counted, even at a later, more convenient time. For example, a child paints a picture or makes a string of beads, which the teacher can record after the child goes home.
3. Observational recording.
    a. Continuous recording (sometimes called an anecdotal record). The observer attempts to write down everything as it happens. The observer can include many classes of behavior, but it takes a great deal of time and it is difficult to record everything that happens.
    b. Event recording. The observer makes a cumulative record of a certain behavior. Event recording produces a numerical output. For example, a teacher may make a mark on a piece of paper each time a child imitates the (m) sound.

c. Duration recording. The observer records the elapsed time of a specific behavior with a stopwatch or clock. For example, a teacher records how many seconds a child can stand on one foot.

d. Interval recording. Each observation session is divided into equal time periods. During each interval, the observer records whether the behavior has occurred or not. In the illustration below, the observer has divided 10 minutes into 10-second intervals, and has then recorded if a child attended to the task or not.

			SECONDS			
MIN	10	20	30	40	50	60
1	+	+	-	-	-	+
2	-	+	+	+	-	-
3	-	-	-	-	-	-
4	-	+	+	+	-	-
5	+	+	+	+	+	+
6	-	-	-	-	+	+
7	+	-	-	+	+	+
8	+	-	-	-	-	-
9	-	+	+	-	+	+
10	+	+	-	-	+	+

Interval recording gives an indication of both frequency and duration of the behavior.

e. Time sampling. The observation session is divided into equal time periods, but the behavior is recorded only at the end of each interval. In the example below, the observer divided a 30-minute session into 3-minute intervals. At the end of each 3 minutes, the observer looked at the subject and recorded whether the behavior was occurring at that instant.

	-	-	+	+	+	-	+	-	-	-
Minutes	3	6	9	12	15	18	21	24	27	30

minutes

f. Placecheck. At given intervals, the observer counts as quickly as possible how many individuals are engaged in a behavior, and how many individuals are present in the area of the activity. The number of pupils present is divided into the number of pupils engaged in the behavior to determine the percentage of pupils engaging in the behavior at that time. For example, every 10 minutes during a 60-minute period, a teacher records how many students are cooperatively playing.

0/6	2/6	1/6	3/6	3/6	4/6	# of total pupils
0%	33%	17%	50%	50%	67%	% of class

After pinpointing instructional objectives and choosing a method of recording a child's progress towards that objective, a teacher needs to choose a way of periodically summarizing daily progress. A chart is a convenient way of showing how a child is performing. By inspecting the chartings, we can determine if a child is progressing appropriately or not. At any time during the instructional phase, decisions can be made based on this evaluation data, and changes in activities and materials can be made when the data show insufficient progress.

(IVA) Activity 1

Review the following forms and consider using them to record children's progress. You may want to develop your own forms.

(IVA) Activity 2

Think of at least one way of recording behaviors in your classroom. A few examples follow:[14]

If you can't record easily and still keep up your teaching, you should change your way of recording. Teaching comes first. You may be able to use a volunteer or aide to help you do the recording. Or you may be able to use a wrist counter. (This is the kind of counter that a golfer wears.) Whenever you see the behavior you are counting, reach to your wrist and push the button on the counter. At the end of the day the counter will have the number of times the behavior occurred. and you didn't have to bother with pencil or paper. Another idea is to put a piece of tape on your wrist and simply make a mark on the tape each time you see the behavior that you are recording. Then your record is always handy and doesn't get lost.

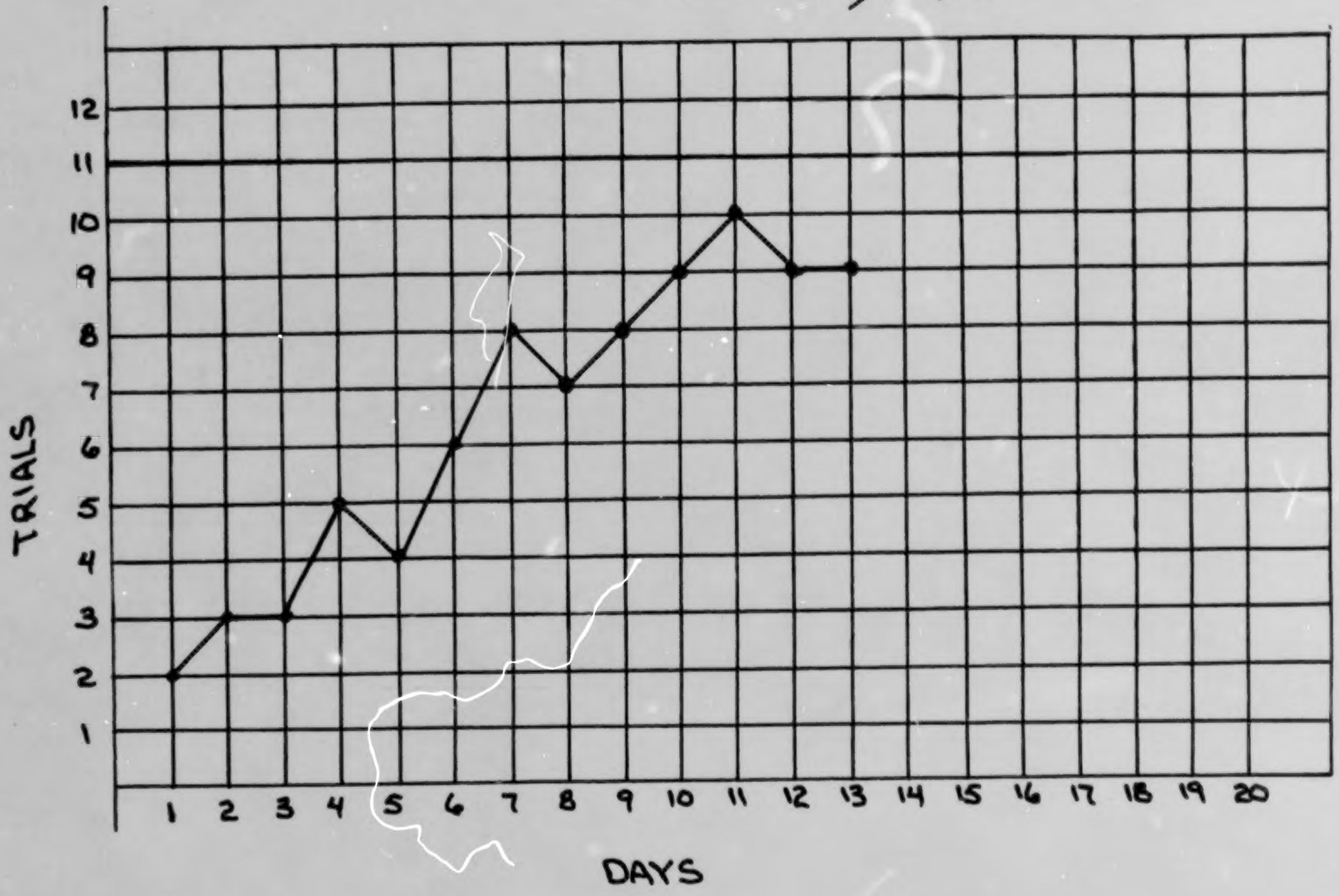
Student: Juan

Task: Pointing to eye, ear, nose, mouth, & hair

Criteria: 8/10 trials – 5 consecutive days

Date begun: 1/8/78

Date achieved: 1/26/78



Week of: March 5th

Recorder: M.K.

Small Group - 10:00

Child: Susie

Objective: Count pennies 1-5 as placed in piggybank

Trials					
10					
9				Used a variety of objects--OK	
8					
7					
6		+	+	+	
5	-	+	+	+	
4	+	+	+	+	
3	+	+	+	+	
2	-	-	+	+	
1	-	+	+	+	

Child: John

Objective: Count pennies 1-7 as placed in piggybank

Trials					
10					
9					
8					
7					
6					
5	+	+	+	+	
4	+	+	+	+	
3	-	-	+	+	
2	-	-	+	+	
1	-	+	-	+	

Child:) Kenny

Objective: Use pincer grasp to place pennies in bank on first try

Trials					
10					
9			Good control today		
8					
7					
6					
5		+	+	+	
4		-	+	+	
3	-	+	+	+	
2	-	-	+	-	
1	-	-	-	-	

Child:

Objective:

Trials					
10					
9					
8					
7					
6					
5					
4					
3					
2					
1					

(IVA) Activity 3 While teaching a lesson, video or audio tape the session. Observe or listen to the tape. Make a list of what you will look for when you review the tape. Here are some possibilities:

Is the activity broken down into smaller, simpler tasks than the final goal?

Is the presentation format motivating and stimulating?

Is it the type of activity this child needs, e.g., acquisition, or practice, or generalization?

Was there a high ratio of success responses to failure?

Were activity directions phrased appropriately for each child?

What was the ratio of on/off task behaviors?

Does this activity teach the skill or part of the skill intended?

OBJECTIVE IVB

Utilize ongoing assessment to improve instructional activities.

(IVB) Activity 1 When your ongoing assessment reveals insufficient progress, changes must be made. Merle Karnes and Reid Zehrbach list some of the variables you can consider to improve your instruction:[15]

1. Change the materials used so they are more stimulating to the children involved, more easily handled by children, to facilitate generalization of the skill it is teaching.
2. Change the setting of the activity, from floor to table, open space to closed, after quiet or noisy time to the opposite.
3. Change the grouping of children or change to be a group rather than individual activity or vice versa, change time of activity during day or from home to school.
4. Change the criteria of success for the activity, add prompts or aids to help in successful completion. Remembering if it is a group activity, criteria for success will probably be different for each child.
5. Change the primary facilitator if at all possible to see if it makes a difference. From lead teacher to support teacher, or parent, sibling or another teacher.

(IVB) Activity 2 Describe the modifications you would make to the following activities to obtain change stated following each activity.

1. Gross Motor Activity:

   Set up an obstacle course that includes rolling, tunnels to go through, poles to go around, and things to climb over. Modify the above so that a child who cannot walk but can crawl could also go through the course without omitting any obstacle.

2. Cognitive Activity:

   In one container place beads that vary by two attributes, e.g. color and size (big and little, green and yellow circles). Have the child sort beads into two containers so that all alike are in one, all alike in another. Then have the child explain why the beads are sorted as they are. Then have the child do it again another way and explain again. Modify this activity so that it can easily be used in a home setting where school equipment is not accessible.

3. Fine Motor Activity:

   Using either buttons or pennies, have the child take the button or penny and put it into a slot in top of a bank or slot in a can or box. Watch for good pincer grasp and change position of slot as child gains success in each position: top slot direction |, top slot direction –, side slot direction |, side slot direction –. Modify this activity so it can be used in a group of three children with varying pincer abilities.

Did you think of the following?

1. Gross motor activity: Did you consider that this child could probably use a scooter board to go through much of the course? How about making the climbing items like large bolsters so this child could use hands to pull himself or herself over.
2. Cognitive activity; How about using common objects in the home, e.g. knives, forks, spoons, socks, large and small shoes, pants, and mittens.
3. Fine motor activity: Did you think to change the length and width of the slot and size of object used? Try putting double sided stick tape on each side of some large poker chips for the child just getting a pincer grasp.

NOTES:

1. D. Lillie, Early Childhood Education (Chicago: Science Research Associates, Inc., 1975), p. 4.

2. Adapted from Portage Project Training Materials, CESA #12, 412 East Slifer Street, Portage, Wisconsin 53901. By permission.

3. Ibid.

4. N. Schortinghouse and B. May, "Problems Encountered When Using Behavioral Checklists," unpublished paper presented at a Head Start Training Workshop, February 16, 1979, Eau Claire, Wisconsin.

5. Wisconsin Department of Public Instruction, "Individual Education Plan, Development Process" (Madison, Wisconsin: Department of Public Instruction, 1976), p. 29. Adapted from NASDE manual entitled, "Functions of the Placement Committee" (1976).

6. Compiled from Arden R. Thorum, Instructional Materials for the Handicapped (Salt Lake City: Olympus Publishing Company, 1976) and James O. Cox et al., Product Listing (Chapel Hill, North Carolina: Technical Assistance Development System, 1978). Used by permission.

7. Adapted from Barry Persky and Leonard Golubchick, eds., in cooperation with the American Federation of Teachers, Early Childhood Education (Wayne, New Jersey: Avery Publishing Group, Inc., 1977), p. 225. By permission.

8. Chris Salisbury, Betty Vincent, and Pam Timm, "Content Considerations for an Early Childhood Curriculum," unpublished monograph for Madison Public Schools, 1978.

9. Betty Fry and Carrie Hovell, Effective Approaches, A Manual for Teachers of Handicapped Preschoolers (Ottowa, Kansas: East Central Kansas Head Start, 1975), pp. 149-50. Used by permission.

10. Chris Salisbury and Betty Vincent, "Critical Aspects of an Instructional Plan," unpublished monograph for Madison Public Schools, 1978.

11. D. Weikart, "Piaget: In Theory and Practice, The Ypsilanti Follow Through Model, The Cognitively Oriented Curriculum," 1969, p. 14.

12. Diagram from D. Lillie, Early Childhood Education, p. 19.

13. Adapted from V. Hall, Managing Behavior, Part 1, Behavior Modification (Lawrence, Kansas: H & H Enterprises, 1971). Used by permission.

14. Betty Fry, Effective Approaches, p. 87.

15. Adapted from M. Karnes and B. Zehrbach, "Curriculum and Methods in Special Education," Focus On Exceptional Children, Vol. 5., No. 2 (April, 1973), pp. 7-10.

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INSTRUCTIONAL MATERIALS

The Early Childhood: Exceptional Educational Needs Teacher will be able to select, modify, use, and evaluate instructional materials designed to facilitate the attainment of motor, language, cognitive, social-emotional, and self-help habilitation and rehabilitation objectives.

Carol Rudebeck, Chairperson
EC:EEN Teacher
Wauwatosa

Pat Mercier
EC:EEN Teacher
Kenosha

Patricia Shwanke
Instructor
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Amy Schley
EC:EEN Teacher
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Barb Scuglik
EC:EEN Teacher
Kenosha

PURPOSE

Instructional materials are one of the most potent tools we have to create a learning environment for our children. They are some of the "tools of our trade." Every EC:EEN teacher needs to be concerned with the use of instructional materials so that the learning of young handicapped children is enhanced. In order to make learning enjoyable, stimulating, and motivating to each child, the EC:EEN teacher must be an expert in selecting appropriate materials to meet a wide variety of children's needs. In addition, the EC:EEN teacher must be innovative and creative in adapting materials should he or she be in a setting where materials and/or funds for their purchase are scarce. Using materials effectively and efficiently is a critical factor in whether or not a child learns what the teacher has set out to teach. What many teachers have taken for granted or thought unimportant turns out to be one of our major responsibilities as teachers: the selection, modification, use, and evaluation of instructional materials.

This module deals with the development of the above skills. It is not designed to tell you everything you need to know about instructional materials for young handicapped children, but rather, to stimulate and encourage you to learn as much about materials as you can. It was meant to "set the stage" for you to experiment on your own.

INSTRUCTIONAL MATERIALS

The EC:EEN teacher will be able to select, modify, use, and evaluate instructional materials designed to facilitate the attainment of motor language, cognitive, social-emotional, and self-help habilitation and rehabilitation objectives.

GOAL I The EC:EEN teacher will be able to select and produce instructional materials.	GOAL II The EC:EEN teacher will be able to modify instructional materials.	GOAL III The EC:EEN teacher will be able to use instructional materials and train primary caregivers in their use.	GOAL IV The EC:EEN teachers will be able to evaluate instructional materials.
The EC:EEN teacher will be able to: Objective A select commercially produced materials through the use of the advertisement media (i.e., catalogues, literature, conferences displays, etc.) to facilitate the achievement of instructional objectives incorporating the five developmental areas. Objective B produce teacher-made materials to facilitate the achievement of instructional objectives incorporating the five developmental areas.	The EC:EEN teacher will be able to: Objective A modify commercially-produced materials to make them accessible to children with various handicaps. Objective B modify teacher-made materials to make them accessible to children with various handicaps functioning at different developmental levels.	The EC:EEN teacher will be able to: Objective A use instructional materials to facilitate the achievement of instructional objectives. Objective B train primary caregivers (e.g., parents) to use materials to facilitate the achievement of instructional objectives.	The EC:EEN teacher will be able to: Objective A use a written evaluation to assess the effectiveness of teacher-produced and commercially produced materials. Objective B construct a written evaluation form to assess the effectiveness of teacher produced and commercially produced materials.

GOAL I

The EC:EEN teacher will be able to select and produce instructional materials.

This section will deal mainly with your ability to select or make instructional materials that will encourage and stimulate learning.

OBJECTIVE IA

Select commercially produced materials through literature, conference displays, and other advertising media to facilitate the achievement of instructional objectives incorporating the five developmental areas.

TEACHING KIT

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(IA) Activity 1 Read the following about the selection of materials:

The selection of instructional materials for use by children in the EC:EEN classroom is one of the primary responsibilities of the EC:EEN teacher. To equip the classroom with effective tools that facilitate learning, the teacher must be aware of and concerned with several principles. A background of information concerning theories of child development, basic learning principles, and curriculum content in general are prerequisites for those whose responsibility it is to select materials that contribute to the child's learning environment.

For any teacher, but especially for the beginning teacher, selecting materials presents itself as an enormous and seemingly overwhelming challenge. We are seldom fortunate enough to walk into a classroom fully equipped with a multitude of materials! On the other hand, one can not simply pick up a catalogue or list of materials and choose on the basis of what appears most appealing. There are undoubtedly many materials that are appropriate for the handicapped child. However, it is important to use a sound rationale for purchasing new or additional instructional materials. A starting point is to determine the instructional needs of the children you will be or are teaching. Next, interact with the children to determine their special learning characteristics sensory impairments, motor difficulties, etc.). Finally, develop a list of instructional materials that relate to the child's objectives and characteristics. In many instances, materials can be used to accomplish more than one objective. To have a material serve as many purposes as possible is indeed an important selling feature.

In an article dealing with instructional materials Sandra Boland presents a step-by-step procedure for teachers to consider in the process of managing the materials budget. She suggests the teacher:[1]

1. Find out how much money has been allocated for instructional materials for the class. There usually is a sum on money budgeted for materials for each classroom/subject area in your school district. In some cases, you will not be informed of it, so ask! Assert yourself and be ready to describe and defend your needs for additional materials. It is sometimes necessary to be your own advocate or salesperson. Yes, that is part of being a teacher.
2. Find out which equipment and materials are available on short-term or long-term loan from the school library, school district, or the local or regional instructional materials center (IMC). Checkout all possibilities for borrowing materails. Your school library, if you have one, may have more available than you realize. Set aside time to familiarize yourself with it! Do the same with your local IMC. In areas where there is no local IMC, school districts may purchase the services of a regional IMC. Utilizing these services is another way to add to the materials you use in your EC:EEN classroom.
3. Inventory all the instructional materials, textbooks, and workbooks that belong to your room. In short, know what you already have! Find out if there are incomplete sets, parts missing, etc.
4. Consider how you want to spend your budget. See if there are any restrictions on what your funds may or may not purchase. Is this money to cover all supplies, consumables, or things you might need to produce your own materials.

5) Now take a very careful look at the needs of your children. It doesn't do anyone any good to have a room full of inappropriate materials. Remember, your primary purpose is to facilitate learning in each child you teach.

6) Consider any special needs you have as a teacher. This includes limitations. Do you have any physical limitations preventing your use of certain materials? Do you have an aide or assistant? If not, think twice about materials that require constant adult supervision.

Use catalogues, bibliographies or other summaries of instructional materials, conference displays, and advertisements in professional magazines to help your selection process. Talk to someone who seems to know the field of instructional materials well (librarian, IMC director, fellow teacher). Make sure the cost justifies the means. The teacher who considers all these principles before selecting materials will have spent both time and money wisely. Remember, the materials you select will be influenced by the children's developmental ages.

(TA) Activity 2 — Purchasing kits or packaged instructional materials* (i.e. GOAL kit, Peabody kit, etc.) can take a big "chunk" out of your budget. Gloria Harbin, of the University of North Carolina has developed a checklist and worksheet to aid in this selection process.[2]

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* It is recommended that you secure a copy of Arden Thorum's book, Instruction Materials for the Handicapped, Birth through Early Childhood. Available from Olympus Publishing Company, Salt Lake City, Utah.

CHECKLIST
for the
Selection of Curriculum Materials

NOTE: These questions should serve as a guide in the selection of curriculum materials. For different children and different teachers the priorities of the questions will vary.

______ What is the philosophical/theoretical approach?

______ What is the degree of specificity in number of activities and how activities are written?

______ What skills does the program teach?

______ For which developmental level (s) in this program appropriate?

______ What is the scope and sequence--is it adequate?

______ With what type (s) of children can this program be used?

______ What culture is represented/presented in this material?

______ What language is used? Can other languages or modes of communication be used?

______ Is this material appropriate/relevant to children from a particular geographic area (rural, urban, suburban, south, southwest, northwest, etc.)?

______ What type of response does it require from the child (verbal, motor)?

______ What input channels/modes are used - visual, tactile, verbal/auditory?

______ For what handicapping conditions is this material appropriate? Inappropriate?

______ What are the characteristics of the materials? (i.e., colorful, large, small, concrete, interactive)

______ What teaching techniques are used in this materials? (i.e., behavioral, cueing, shopping, chaining, etc., discovery method; didactic materials)

______ What is the amount of time needed each day to use this program?

______ Are follow-up activities included?

______ What skills or skill level is required of person who teacher/directs these activities?

Gloria Harbin
University of North Carolina
at Chapel Hill

E-10

MATCH WORKSHEET

Child Characteristics	Materials Characteristics
Strengths of child ____________	
Developmental level of child ____________	Developmental level of materials ____________
Skill(s) needed ____________	Skills emphasized ____________
Dominant language ____________	Scope and sequence of skills ____________
Cultural experiences ____________	Culture(s) represented/presented ____________
Geographical area ____________	Geographical area ____________
Handicapping conditions that impede or influence learning ____________	Can be used with which handicapping conditions ____________ ____________
Learning characteristics/style (modalities, attending, memory, motivation, rate of learning, level of abstraction, etc.) ____________ ____________	Characteristics of materials (color, specificity, size, concrete, modailities used: visual-perceptual, adultory, etc.) ____________

____

316 Does an adaptation need to be made? ____________________________ 317

What adaptations or additional resources are needed? ____________________________

____

Gloria Harbin
University of North Carolin
at Chapel Hill

(IA) Activity 3 Review the list of materials below and place them in the most appropriate age group:

Pull Toys
Advanced Construction Toys
Low Rocking Horse
Paper Dolls
Wooden Animals or Figures
Washable Squeeker Toy
Colorful Mobile
Cloth Blocks
Kites

Infants & 1 yr. olds	2 & 3 yr. olds	5 & 6 yr. olds
1.	1.	1.
2.	2.	2.
3.	3.	3.

(IA) Activity 4 Develop a reference chart a student teacher or your supervisor could use that includes your materials and the developmental ages and areas they cover.

(IA) Activity 5 Read the checklist on the following pages of materials suggested to equip learning centers. What items would really add to your classroom?

CHECKLIST OF MATERIALS FOR LEARNING CENTERS

Language/Cognition and Readiness Center

books
reading skills kits, games
flannel boards and cutouts
large alphabet blocks
puzzles
sequence cards
pictures and objects for classifying
magazines and catalogs
poems and story starters
word boxes
typewriter
feel box
magic slates
word cards
filmstrips, tapes, records
manipulative devices for visual discrimination and motor coordination
child-made books
puppets
viewmasters

Block Center

set of solid wooden blocks
set of hollow-ply blocks
riding wheel toys
rubber zoo and farm animals
rubber people
small vehicles (airplane, dump truck, firetruck)
block bin
traffic signs
steering wheel

Math Center

counters (blocks, beads, sticks, straws, buttons, clothespins, bottle caps)
scales and objects to weigh
rulers, yardstick, tape measure
clocks
measuring devices - spoons, cup, quart
games
bead or counting frame
cuisenaire rods
number lines
balances
play money
pegs & boards
dominoes

Creative Dramatics

puppets and theater
brooms, mop, dustpan
brushes
clothes rack
dish pan
child-size, stove, refrigerator, cupboard
small table, chairs
small rug
chest for dress-up clothes, shoes, hats
dolls
doll clothes, beds
cooking utensils
sponges, clothes
doll carriage
dishes, silverware
mirror
rocking chair
curtains
artificial foods
telephone
ironing board, iron
pails
jewelry, shoes, handbags, hats, coats, dresses

Music and Rhythm Center

rhythm instruments
small boxes
dowel sticks
record player
records

Music and Rhythm Center, Cont.

earphones
autoharp
scarves for dancing
materials for children to make their own instruments (boxes, paper plates, bottle caps, stones, beans, can, etc.)

Art Center

materials for weaving, stitchery
box of materials for collages
bags
socks
art prints
box of paper scraps and material scraps
wallpaper samples
aprons, old shirts, or smocks
orange juice cans
corn starch, laundry starch
flour, salt (for play dough)
drying rack
colored toothpicks
cake tins for modeling clay
containers with lids for mixed paints
clay boards
food coloring
buttons, macaroni, nuts
wood scraps
scissors
paint
paste
glue
tape
rubber cement
tempera
stapler
magic markers
pencils
finger paint
colored chalk
easel
pipe cleaners
yarn
water colors
clay
brushes
crayons
construction paper
finger painting paper
art tissue
crepe paper
corrugated cardboard

Indoor/Outdoor Motor Centers

sand and water play table with top
aluminum sand utensils
jungle gym
tire swings
platforms
large sewer pipes
tree trunks
low turning bars
low horizontal ladders
safety climbing ropes
wading pool
walking boards
sawhorses
ladders
wooden steps
heavy wooden benches
low balance beams
tires
balls
beanbags
jump ropes
tools for gardening
tools for woodworking
large packing boxes

(IA) Activity 6

Refer to the list of early childhood commercial suppliers and their addresses on the following pages. From this list, write for twenty current catalogues to serve as your personal catalogue library for assistance in selecting and producing materials.

EARLY CHILDHOOD COMMERCIAL SUPPLIERS

ABC School Supply, Inc.
437 Armour Cir. N.E.
P.O. Box 13084
Atlanta, GA 30324

American Guidance Service, Inc.
Publisher's Building
Circle Pines, MN 55014

Bender School Supply
P.O. Box 128
Pollicksville, NC 28573

Bowman
622 Rodier Drive
Glendale, CA 91201

Carolina School Supply
2619 West Boulevard
P.O. Box 2185
Charlotte, NC 28201

Childcraft Educational Corp.
964 Third Avenue
New York, NY 10022

Community Playthings
Rifton, NY 10022

Constructive Playthings
1040 East 85th St.
Kansas City, MO 64131

Creative Playthings
Princeton, NJ 08540

Cuisenaire Company of America
12 Church Street
New Rochelle, NY 10805

Developmental Learning Materials
7440 North Natchez Ave.
Niles, IL 60648

Eye Gate House, Inc.
146-01 Archer Ave.
Jamaica, NY 11435

Educational Teaching Aids
159 W. Kinzie Street
Chicago, IL 60610

Follett Educational Corp.
1010 Washington Blvd.
Chicago, IL 60607

Ginn & Co.
717 Miami Circle
Atlanta, GA 30324

Holt, Rinehart and Winston, Inc.
383 Madison Ave.
New York, NY 10017

Houghton, Mifflin Co.
666 Miami Circle, N.E.
Atlanta, GA 30324

Imperial International Learning
c/o Carolina School Supply
(see address at left)

Instructional Aids, Inc.
Box 4193
Charlotte, NC

Kaplan School Supply Corp.
600 Jonestown Road
Winston-Salem, NC 27103

Knowledge Aid Division of
Milwaukee Journal E. Corp.
6633 W. Howard
Niles, IL

McGraw-Hill Book Co.
Webster Division, Sales Office
Manchester Rd.
Manchester, MO 63011

EARLY CHILDHOOD COMMERCIAL SUPPLIERS Cont.

Milton Bradley Co.
Springfield, MA 00101

Morgan Bros. School Supply
44 Collier St.
Box 2059
Asheville, NC 28802

St. Paul Book & Stationery
1233 W. County Road E
St. Paul MN 5512

Scholastic Book Services
904 Sylvan Ave.
Englewood Cliffs, NJ 07632

Science Research Assoc., Inc.
259 East Erie St.
Chicago, IL 60611

Scott, Foresman and Co.
Tucker, GA 30084

Stones Southern School Supply Co.
329 W. Hargett St.
Raleigh, NC 27602

System 80
7450 Natches Ave.
Niles, IL 60648

Walt Disney Educational Materials Co.
800 Sonora Ave.
Glendale, CA 91201

OBJECTIVE 1B

Produce teacher-made materials to facilitate the achievement of instructional objectives incorporating the five developmental areas.

(1B) Activity 1 **Read the following article pertaining to production of materials:**

Selecting materials means not only learning how to purchase them, but how to create them, too! In many cases, budgets for the purchase of commercially produced instructional materials are limited. There never seems to be adequate

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funds to get what you really need. If and when this occurs, you must come up with an effective alternative. And what is this alternative? Make your own materials! While school districts may not always be able to provide money for materials, they often have an abundance of supplies with which to produce your own materials. If you are a collector of reusable items, as all teachers should be, you probably have the materials for producing materials appropriate for your children to use.

Even though the actual production of materials takes precious time away from other important classroom duties, there are several advantages to constructing your own materials. A teacher-produced materials can be developed and constructed to suit a specific child's needs or handicap. It can be "tailor made" for a specific purpose. For the most part, the actual cost of making your own materials is much less than the cost of its almost identical commercially produced counterpart. Taking time to order materials, having the order approved, and actually receiving the materials often spans a few weeks (at the least) while making something yourself can often take much less time.

Teacher-produced materials are often more intrinsically motivating to the child because they are made from familiar, common items. These materials can often be more easily duplicated by parents or paraprofessionals. If you are willing to spend a little extra time in this whole process, you will find that there are many "raw materials" available free or at a discount rate from many local merchants. Many of these items are normally discarded; if you contact local business, shops, or factories and make your intentions known, they are quite often willing to save them for you. At the same time, you will do some "public relations" work for your program!

Silberman, in The Open Classroom Reader,[3] provides a useful list of sources for materials. A few of his suggestions include:

1. Hardware stores: sample hardware books, sample tile charts, linoleum samples:

2. Supermarkets: cartons, packing materials, fruit crates, display materials, and racks, styrofoam fruit/meat trays.
3. Ice-cream Stores: ice cream containers--all sizes;
4. Cleaners and Tailors: buttons, hangers, scrap material; and
5. Lumber Supply Companies and Furniture Factories: scrap wood, damaged bricks, concrete blocks, doweling, sawdust.

The guidelines provided below should serve as helpful suggestions when you are making materials:

1. *Attractive* and *inviting*: They should be visually appealing to the children and encourage usage many times.
2. *Well-constructed* and *durable*: It makes little sense to spend precious time making something, when after one or two uses, it's ready for the wastebasket. Design and make it to last when used, not to sit on a shelf and look nice.
3. *Safe* and *non-toxic*: This should be a primary consideration, especially when materials will be used with handicapped children whose judgment or physical control may not match their chronological age.
4. *Challenging*: The material should not be too easy for the child to use. Nor should it be so difficult that it provokes frustration in the child. It should encourage, not discourage.
5. *Fun*: Don't forget this all-important component. Learning doesn't take place when forced into a serious routine. Keep it simple, make it fun!

(IB) Activity 2

The high school shop teacher has "cleaned out" the industrial arts room and, because you were in the right place at the right time, you now have two boxes of scrap-wood, assorted bolts, nuts, hooks, washers and screws. What kinds of instructional devices could you make with these materials to facilitate fine motor skills? (For suggestions see *Workjobs*, listed in the resources.)

(IB) Activity 3

Refer to the suggested list of items below.

1. Collect or have on hand at least 75% of these suggested materials.
2. Add to the list any items you have found useful for producing materials.

SUGGESTED ITEMS FOR MAKING MATERIALS

Milk Cartons
Corks
Egg Shells
Raisins
Cereal Boxes
Walnut Shells
Aluminum Foil
Plastic Bottles
Toilet Paper Rolls
Old Nylons
Shoe Laces
Orange Juice Cans
Paper Bags
Hair Rollers
Cotton
Soap Flakes
Clothespins
Sponges
Spools
Laundry Sprinkler
Paper Towel Rolls
Shirt Cardboard
Corrugated Cardboard
Gift Wrap Paper
Greeting Cards
Hardware Cloth
Wire Screening
Jar Tops
Plastic Margarine Tubs/tops
Old Clothes
Balloons
Seed Catalogs
Magazines
Calendars
Sawdust
Buttons
Rickrack
Lace
Ribbon
Yarn

Bottle Caps
Egg Cartons
Popsicle and Ice Cream Sticks
Toothpicks
Small Boxes
Playing Cards
Fabric Scraps
Wallpaper Books
Carpet Samples
Wood Scraps
Pieces of Styrofoam
Excelsior, other packing materials
Old Picture Books
Oatmeal and Salt Boxes
Aluminum Pie Tins
Plastic Berry Boxes
Styrofoam Meat Trays
Coffee Cans and Lids
Spray Can Tops

(IB) Activity 4

Teacher A purchased one Dapper Dan dressing doll (Playskool) for $6.80 and one Dressy Bessy dressing doll (Playskool) for $6.80. Teacher B purchased one set of dressing panels obtained through Kaplan School Supply Corporation to include 1 Button Frame, 1 Lacing Frame, 1 Zipper Frame, and 1 Snap Frame for a total price of $24.00 (sold separately for $6.00 each). Teacher C produced a child-sized dressing vest with interchangeable panels (1 button panel, 1 zipper panel, 1 snap panel, and 1 lacing and typing panel). The total cost to make this vest was $15.00. Compare these materials by citing advantages and disadvantages of each.

Did you think of the following?

1. Dolls:
   a. are motivating as a play object (toy) for child
   b. can be purchased locally
   c. are useful for child to see what he or she is doing
   d. are sturdy
   e. strings are different colors to prevent confusion
2. Dressing Frames:
   a. allow for four children to work on the activity
   b. not as realistic as dolls or vest
   c. sturdy
3. Dressing Vest (child-sized)
   a. the most realistic of the three products
   b. could also use the child's own clothes and not spend anything

GOAL II

The EC:EEN teacher will be able to modify instructional materials.

OBJECTIVE IIA

Modify commercially produced materials to make them accessible to children with various handicaps.

(IIA) Activity 1 Read the following excerpt from Goodman's article, "Meeting Children's Needs Through Materials Modification":

Find the right balance between what the child already knows and what needs to be learned--between challenge and frustration.

After conducting a thorough diagnosis of the child's learning needs and carefully selecting curricular materials, it may be disconcerting to the teacher to find that the child is still not experiencing success. This situation which is not at all uncommon highlights the fact that knowing a child's instructional level may not be enough to insure the child's success.

Certain features (or lack of features) of material itself, which may otherwise be appropriate, may present an obstacle that the child cannot overcome. Further adaptation or modidications of the learning materials are often necessary to bring mastery of the content within the child's grasp....The truly amazing accomplishments of many handicapped children that are made possible through the adaptations of materials and/or curricula emphasize that all special education teachers need to become, at some time, instructional engineers....

...As teachers begin to modify materials and/or the learning environment, they should bear a few general principles in mind.

First, the best curricular package is not going to suit every child; alterations and modifications to individual learning materials ought to be the rule not the exception in special education.

Second, initiate as few alterations as possible to achieve the desired results. Experiment with one variable (task dimension) at a time, and assess its effectiveness before undertaking multiple changes. For some children curricular modifications (e.g., braille) are permanent. But for many other children it will be necessary to trace our steps at some later time to prepare them to again function adequately and appropriately with regular materials in regular classroom settings. The less we have to undo, the better. Try the simplest and most obvious solution first; forego the token economy if a smile or encouraging word will do the job.

Third, give any alteration a reasonable trial period. One lesson is hardly a fair test situation and three months is far too long, especially if the student has not responded positively to the curricular changes.

Finally, maintain records of the child's behavior and performance for objective decision making.[4]

(IIA) Activity 2

The EC:EEN staff has identified some problems that appear to be a result of utilizing "standard" materials in the room. Review the following problems.

1. The easel has fallen over frequently due to the accidental movements of a few of the physically handicapped youngsters.
2. Some of the picture books have acquired an unpleasant ordor due to saliva absorbed in the pages.
3. During small group instruction when three groups are going at once, some of the children are unable to stay on task due to the "openness" of the room and all the activities going on at once.
4. Objects continually roll off the table or materials "slip away" from the children (often beyond their range to retrieve).

What modifications would you suggest to the EC:EEN staff to help them achieve the following:

1. Make easel stable.
2. Make picture books odor-free.
3. Make environment less distracting.
4. Make materials stationary or at least confined to table.

(IIA) Activity 3

List several general principles to consider before modifying materials to make them accessible to children with varying types of handicaps.

Did you think of the following?

1. The cost of modification versus the cost of purchasing new and appropriate materials in no need of modification.

2. The time element involved. Would purchasing it or producing it be quicker?
3. Consider the type and degree of handicap of the child. Will the material lend itself for use with other children or will modification restrict its usage to just one child.
4. Consider parent involvement in the modification of a material or piece of equipment for their child. Will they be able to do the same at home? Is it something that is easily transferable between home and school if there is a need for it?

OBJECTIVE IIB

Modify teacher-made materials to make them accessible to children with various handicaps functioning at different developmental levels.

(IIB) Activity Review the following and use your creative thinking to suggest modifications for these children:

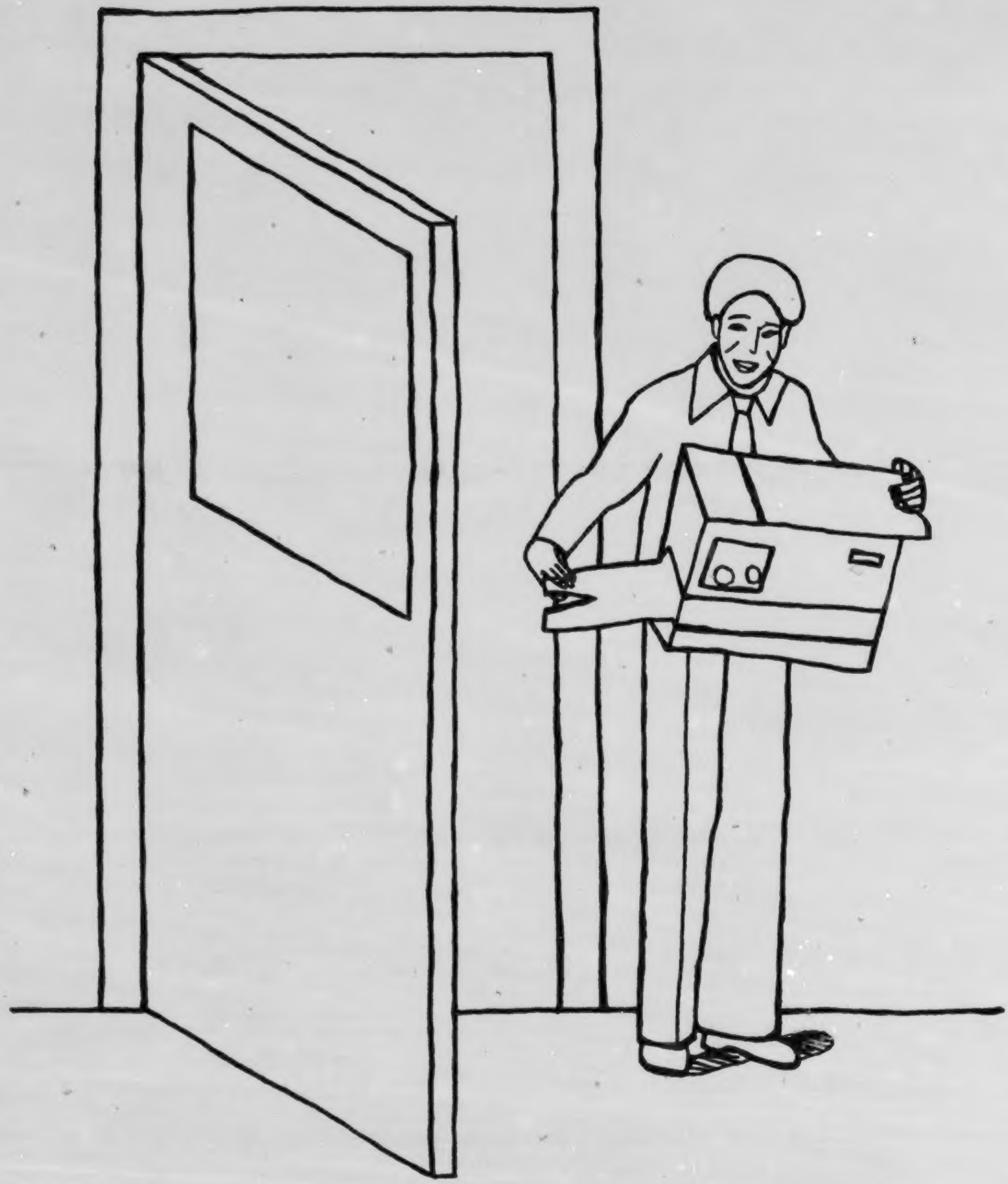
a. Mary really wants to string beads like her friend Sally, but she does not possess the fine motor control required to maneuver the string through the small hole. What materials would provide a comparable activity for Mary?

b. Teddy yearns to play card games like 'match-up'' with his friends. But the cards appear as blurred images to him because his vision is impaired. What kind of card game could the teacher modify to allow Teddy to play independently with his peers?

c. Betty loves the brighter paints and eagerly awaits her turn at the easel. Once she begins, her enthusiasm is soon dampened as her limited hand control causes her to drop repeatedly the long thin paint brush. A teacher usually steps in to help, but Betty wants to do it herself. What modifications could you suggest to enable Betty to paint independently?

Could you have used any of these items to form modifications?

1. Clear contact paper
2. Tape (colored, wide masking, and clear)
3. Plastic & wooden rings
4. Knobs and Handles--wooden, plastic, or rubber
5. Old blocks/wood
6. Magic markers
7. Rubber balls
8. Velcro
9. Aquarium tubing, thick shoe string
10. Pieces of fabric and yarn



"LOOK what I bought for your room, Miss Melanie. All you have to do is figure out how to use it."

GOAL III

The EC:EEN teacher will be able to use instructional materials and train primary caregivers in their use.

OBJECTIVE IIIA

Use instructional materials to facilitate the achievement of instructional objectives.

(IIIA) Activity 1 Read the following excerpts from David Kuschner and Peter Clark's article, "Children, Materials, and Adults in Early Learning Settings."

The educational materials in a program often serve as the basis for arranging physical space and organizing the daily routine. Many early childhood programs arrange space according to activity centers: the block corner, the housekeeping area, the art area, and the language corner, to name a few. In addition, a program's daily activities are often scheduled according to when children can play with tabletop toys, such as puzzles and science materials; when they can be involved with large motor activities, such as blocks and transportation toys; and when they can play out of doors....Because young children learn as a result of interactions with concrete materials in their environment, the teacher has the responsibility for providing these materials and the space within which children can expand their understanding of the world by acting upon it....

In order to provide the best educational environment possible for young children, it is necessary that one takes seriously the concept of interaction as it relates to children and materials....By focusing on interactions, teachers of young children are able to understand, plan for, and facilitate children's use of materials. This is most effectively accomplished by taking into consideration what the child brings to the interaction in terms of knowledge, skills, and experience, understanding what particular materials ask or require of children, and finally, being able to decide what to do in order to enrich children's experience with materials.

Children interact with the environment based upon what they have done before. They put to use skills acquired, concepts developed, and emotions felt. These skills, concepts, and emotions are often indicators of the particular stage of development at which a child is performing and thinking....

As Piaget has emphasized, observing children closely provides the teacher with valuable information as to the understandings a child may be bringing to his play with materials (Piaget, 1973). A child who puts a policemen's cap on his head and proceeds to arrest people over and over again may be exhibiting a limited conception of a policeman's role. Watching a child go back to the end of the line at the slide on the playground, when there are no other children waiting, suggests that this child has a ritualized notion of what "taking turns" means. Listening to a first-grade child say that children cannot go down into sewers through a manhole, "because they're not kidholes," indicates that this child has some sense of the creative nature of language.

Each of the foregoing examples, observed by the authors, demonstrates that by watching and listening to children it becomes readily apparent that rarely do they enter into play with materials randomly or "empty-headedly." Children have a tremendous desire to organize their environment and to act on it based upon rules and understandings which they have constructed....

Children, therefore, interact with materials in ways that make sense to them. Their attitudes toward particular materials is a product of previous interactions or lack of interaction with the materials. How a child understands his actions and their results depends upon his level of thinking. What a child does with materials is also based upon the prior acquisition of certain skills, in addition to his attitude and level of development....

Once a teacher has analyzed materials and observed children using them, he/she has valuable information concerning ways to promote learning and development. If he/she sees a child continually placing blocks so that they do not balance, he/she might conclude that the child's understandings of the effects of gravity are not complete. In a similar manner, hearing a child talk about "kid-holes" might suggest to a teacher that the child is aware that language is comprised of elements which can be combined and re-combined in order to construct new words. A framework, as illustrated below, may be a helpful tool with which teachers can analyze such interactions between children and materials....

Material	Nature of Material	Nature of Child's actions	Suggestions for Adult
ex: Blocks	rigid 3-dimensional non-adhering	balancing combining putting into part/whole relationships	(a) Suggestive materials- -irregular shaped -blocks of different weights -non-rigid materials (b) Suggestive actions- -place blocks in vertical orientation if child is using them only in horizontal orientations

The suggestions for adults noted above are basically those of broadening the possibilities for children in terms of their interactions with materials. If a child only arrests people while wearing a policeman's cap, a teacher can suggest an expanded role by donning a hat herself and performing different actions, such as helping people. A teacher's behavior such as that falls under the category of "suggestive materials" by making sure that the set of blocks the children play with includes blocks of different weights and shapes, some irregular, thus insuring a variety of experiences involving gravity and balance.

....We should not worry about the question of modeling behaviors for children as something to be avoided, as long as through our modeling, we are suggesting alternatives and, as Hawkins writes, "sanctioning variety" (Hawkins, 1974, p.26). Knowing what alternatives might be appropriate, however, is only possible if the analysis of what materials ask of children is coupled with the close observation of children using the materials.[5]

(IIIA) Activity 2

Describe several ways a box of multi-colored, wooden one-inch cubes could be used with each of two children: one child functioning at a developmental age of 30-36 months, and one child functioning at a developmental age of 54-60 months.

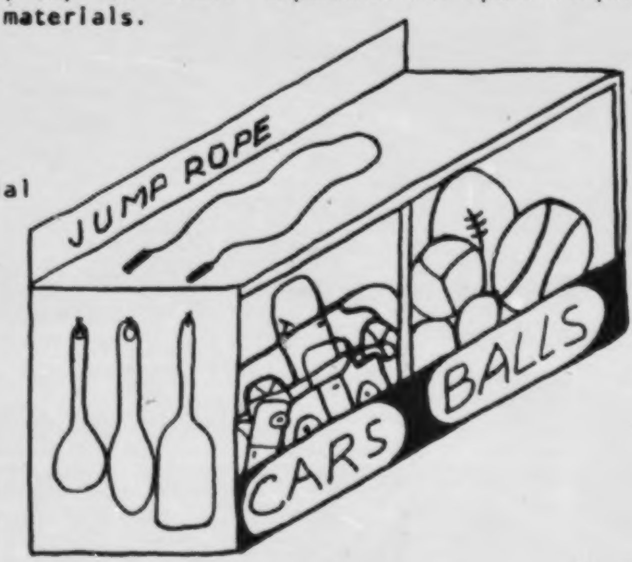
(IIIA) Activity 3

You are working on the objective, "Point to six body parts" (30-35 months according to the learning Accomplishment Profile). List several materials along with some suggestions for their use to facilitate the achievement of the above objective.

(IIIA) Activity 4

The placement or arrangement of materials in your classroom is extremely important. Those materials that are accessible to the children should be arranged in a uniform manner so that the children and staff can easily locate and replace materials. There are many ways to "label" cupboards for specific placement of materials.

1. Photographs or picture of material
2. Simple drawing of material
3. Outlined form
4. Printed labels



OBJECTIVE IIIB

Train primary caregivers (e.g. parents) to use materials to facilitate the achievement of instructional objectives.

(IIIB) Activity 1 Review the following basic considerations when training adult caregivers (e.g., parents) to use instructional materials:

1. Use clear, understandable directions, first giving a demonstration to parents without child present, and then having parents observe you using the material with the child.
2. Teach parents to be able to give clear, concise directions using language appropriate to the developmental language level of the child.
3. Explain the purpose of using that particular material in relation to the objectives(s) that have been set up for the child.
4. Provide methods for parents to evaluate the child's performance while using the material.

According to Gregg:

> "In play a child learns bit by bit what the world is--what is wet, what is dry, what hurts, what he can lift and push aside, what makes things stop and go, hold together, fall apart, and what jobs require calling for outside help. He experiments by feeling, smelling, tasting, dropping, kicking, messing, and watching." 6

This learning is so important, it would seem that the EC:EEN teacher has a great responsibility to have many ideas on hand to suggest to parents to help make their children's learning experiences at home as rich and full as possible.

(IIIB) Activity 2 The following items can usually be found in the home. List ways they can be used in instruction.

Boxes
Shoes
Clothespins
Cards
Socks
Silverware
Buttons

Did you think of these?

Household Item	Activity
A set (5-6) of different-sized boxes	Nesting activities, size graduation, tower building
Socks	Sorting, classifying by color, size, etc.
Silverware	Setting table correctly, sorting by type, size
Shoes and laces	Lacing activities, typing
Clothespins/clothesline	Attaching pins to line, attaching clothes, other objects to line (fine motor)
Playing cards	Sorting by suits, numbers, number recognition
Buttons	Sorting by size, color counting (number concepts)

(IIIB) Activity 3

Read "Parents in a child's world of Toys."7 (attached) Have you considered a parent meeting in December before the holiday season to discuss matching the child with an appropriate toy? Would "Ideas For Gifts" make a good handout to parents?

(IIIB) Activity 4

Develop a list of instructional materials to equip a toy lending library appropriate for your group of children. Explain how you would orient parents to its use, and what type of delivery system you would employ to circulate the library effectively.

(IIIB) Activity 5

Read the following:

At one time, there were very few commercially produced instructional materials, and children had to rely on items found in nature and around the home. Today many good toys and learning materials are so readily available for purchase that most parents have come to depend on them to teach and entertain their children.

There are several advantages of parents and children improvising materials and toys from the environment around them. Designing and making a toy together brings a sense of resourcefulness and satisfaction to both parent and child.

It's important for the parent to introduce the new materials and initially play along in order to help the child become involved and discover some of the ways the material can be used.

Keep in mind the safety of materials for use by young children. For example, some items found around the home may not be safe if they will fit into the child's mouth (buttons, beans, etc.) and if he or she still chews objects.

When suggesting materials and activities to parents, it is better to choose ideas that are practical, and do not require the undivided attention of parents. Many toys and instructional materials can be made from common, inexpensive items found in most homes. Young children often prefer "home" toys, such as pots and pans, can, and boxes to purchased toys, since these things are part of their daily life and they want to reach out and experiment with them.

Here are some examples of common household items that can be made into instructional materials.

- cans of different sizes
- pots, pans, and lids
- milk cartons
- salt and oatmeal boxes
- jar lids
- discarded gift wrapping
- brightly colored ribbon and yarn
- newspaper, paper bags
- measuring cups and spoons
- old jewelry
- empty spools
- paper towel tubes
- hair rollers
- old socks, hats & clothing
- wooden spoons
- old blankets and sheets
- colorful pictures cut from magazines
- funnel, sieve
- plastic pitcher
- plastic bowls
- plastic squeeze bottle
- sponge
- homemade play dough, paste, paints
- clothespins
- stones, acorns, seeds, nuts, shells
- pine cones
- paper punch
- paper plates and cups

GOAL IV

The EC:EEN teacher will be able to evaluate instructional materials.

OBJECTIVE IVA

Use a written evaluation to assess the effectiveness of teacher-produced and commercially produced instructional materials.

(IVA) Activity 1	Review the following example of an instructional materials evaluation form.

E-30

MATERIALS EVALUATION FORM

Name of Material: ____________________

Cost: ____________________ Size: ____________________

Short Description: ____________________

____

____

Chiefly designed to facilitate growth in:

________ gross motor
________ fine motor
________ perceptual motor
________ socio-emotional
________ self-help
________ cognition
________ language
________ artistic (music/art)

The material can be used:

________ in the classroom
________ in the home
________ outdoors
________ in the gym

The material can be used:

________ independently by student
________ one-to-one (student-teacher)
________ in small group
________ in large group

The material is:

________ a consumable (short-term use)
________ designed for long-term use
________ safe (no jutting edges, tiny pieces, etc.)
________ colorful and stimulating
________ modest and simple in design
________ appropriate for children functioning at the infant--2-year-old range
________ appropriate for children functioning at the 3--5-year-old range

Percentage of children in your classroom for whom the material can be used:

____

EC:EEN Project/Wisconsin/1979

(IVA) Activity 2 — Use the Instructional Materials Evaluation Form to evaluate any two materials with which you are already familiar.

(IVA) Activity 3 — List any modifications, additions, or omissions you would suggest to make the evaluation form more appropriate for your use.

OBJECTIVE IVB

Construct a written evaluation form to assess the effectiveness of teacher-produced and commercially produced instructional materials.

(IVB) Activity 1

Read the following list of what to look for when evaluating instructional materials. Add any other criteria you see as important.

1. Is the material easily accessible to both students and teacher?
2. Is it motivating and stimulating to the student?
3. Is the cost commensurate with the effectiveness of the material?
4. Does the material lend itself for use in a management-by-objective approach?
5. How frequently is the material used?
6. Can the material be adapted or modified?

(IVB) Activity 2

Use the criteria listed above to develop an evaluation tool to use in evaluating teacher-produced and commercially produced materials in your classroom. You may want to ask a fellow teacher to review or use the form and give you feedback.

(IVB) Activity 3

You have been asked to start a toy lending library for your children and their parents. Create an evaluation form parents can use to evaluate materials. The form should be general enough to be used with, and accompany, each item in the library.

NOTES:

1. Underlined statements from S.K. Boland, 'Managing Your Instructional Materials Dollar,' TEACHING Exceptional Children, Spring, 1974, pp, 134-139.

2. G. Harbin, Unpublished Checklist and Worksheet presented at EC:EEN Institute, July, 1978, Stevens Point, Wisconsin. **Used by permission.**

3. C.E. Silberman, ed., The Open Classroom Reader (New York: Random House, 1973), pp. 406-407.

4. L. Goodman, 'Meeting Children's Needs Through Materials Modification,' Teaching Exceptional Children, Spring, 1978, pp. 92-94.

5. D.S. Kuschner, and P.Y. Clark, Children, Materials and Adults in Early Learning Settings," in Early Childhood, ed. by B. Persky and L. Golubchick (Wayne, New Jersey: Avery Publishing Group, 1977), pp. 122-127. **By permission.**

6. E. M. Gregg, What To Do When There's Nothing To Do (New York: Dell, 1967), p. 22.

7. "Parents in a Child's World of Toys," bulletin 2[illegible] WEX November 1972 (Cooperative Extension Programs, University of Wisconsin).

ADDITIONAL RESOURCES:

Baratta-Lorton, M. Workjobs. Barrington, Illinois: Addison-Wesley, 1972.

A handbook of manipulative activities designed to help children develop language and number skills. Objects and materials for the activities are practical and easily obtainable. Full of good ideas!

Caney, S. Toybook. New York: Workman Publishing, 1972.

Toybook shows how to make 51 toys that can be many different things to a child. Inexpensive ($3.95) and filled with fun ideas.

Croft, D.J. and Hess, R.D. An Activities Handbook for Teachers of Young Children Boston: Houghton Mifflin, 1975.

Suggestions, examples, and illustrations intended to make you more aware of the great range of possibilities for enhancing your curriculum.

Day, B. Open Learning In Early Childhood New York: MacMillian, 1975.

Designed to help early childhood teachers, administrators, and supervisors provide an open education learning environment for young children. Carefully planned, suggesting varied and challenging materials to use.

Gregg, E.M. What To Do When There's Nothing To Do. New York: Dell, 1967.

An inexpensive soft cover, pocket-size book full of interesting suggestions for utilizing home products and materails.

Harbin, G. and Cross, L. Early Childhood Curriculum Materials: An Annotated Bibliography. New York: Walker and Co. 1975.

A categorization of materials into each of the developmental areas. Includes author, purpose, description, vendor, and price. Very informative and full of good suggestions.

Marzollo, J. Supertot: Creative Learning Activities For Children From One to Three and Sympathetic Advice For Their Parents. New York: Harper & Row, 1977.

A guide to direct young children's interests toward specific learning activities and appropriate materials. Full of neat and fun ideas!

Persky, B. and Golubchick, L., eds. *Early Childhood*. Wayne, New Jersey: Avery Publishing Group Inc., 1977.

Chapter 23 pertains to materials. The entire book is an excellent source dealing with all aspects of early childhood learning and education.

Racine Unified School District, *Parent Lending Library Handbook*. October, 1976.

An example of a parent lending library handbook which will provide information on what types of materials, equipment, etc. to include in a lending library.

Sharp, E. *Thinking Is Child's Play*. New York: Avon Books, 1969.

A provacative guide to teaching preschoolers utilizing easy-to-find materials. Inexpensive ($1.45).

Silberman, C.E., ed. *The Open Classroom Reader* New York: Random House, 1973.

Parts of this book can be very helpful in designing and making your own materials. Good suggestions on what and where to obtain supplies--for making materials.

Smith, H.w. *Survival Handbook For PreSchool Mothers* Chicago: Follett, 1977.

A practical guide suggesting materials (found in the home) that can be used in nifty learning activities.

Southwest Educational Development Laboratory. How To Fill Your Toyshelves Without Emptying Your Pocketbook. Reston, Virginia: Council For Exceptional Children, 1976.

A manual of games, activities, and instructions for making manipulative learning equipment requiring a minimal expenditure of money. Excellent to have on hand!

Wisconsin Dept. of Public Instruction. *Kindergarten--Experiences In Living And Learning*. Madison, Wisconsin, 1971.

Includes a list of materials and equipment for setting up a classroom. Available for a low price from Wis. Dept. of Pub. Inst.

Wisconsin Media Center--In cooperation with Great Lakes Area Learning Resource Center *Instructional Materials For Children With Exceptional Education Needs*. July, 1976

A listing of all materials purchased by the 13 CESA Learning Resource Centers in Wisconsin. A good guide if you obtain materials through Learning Resource Center.

Zimmerman, L.D. & Calvonini, C. "Toys As Learning Materials for PreSchool Children." Exceptional Children, 1971, Vol. 37, No. 9., pp. 642-654

Journal Article giving good tips on selecting toys, along with suggestions for their use.

FAMILY INVOLVEMENT

The Early Childhood: Exceptional Educational Needs teacher will be able to plan, develop, implement, and evaluate activities for the involvement of those responsible for the primary care of young exceptional educational needs children.

Sue Staniszewski, Chairperson
EC:EEN Teacher
Manitowoc

Pat Jankowski
EC:EEN Teacher
Elkhorn

Joan Rothrock
Parent & Teacher
Whitewater

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Psychologist
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Madison

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PURPOSE

The parents (or anyone responsible for the primary care of children) are the initial and main teachers in the child's life. They spend the most time with the child; if attitudes, ideas, and habits of the child are to be changed or developed, the changes must begin with the parents.

Have you ever asked yourself, "How can I involve parents directly in the child's educational program? How do I work with them? What type of program should be set up to get the parents involved? What kinds of activities should they be involved with? And, what are their needs as parents of an exceptional child."

There can be little argument that the parents must be included in the educational program of their young EEN child. A survey by Bronfenbrenner concluded:

> The evidence indicates that the family is the most effective and economical system for fostering and sustaining the development of the child. The evidence indicates further that the involvement of the child's family as an active participant is critical to the success of any intervention program. Without such family involvement any effects of intervention, at least in the cognitive sphere, are likely to be ephemeral, to appear to erode rapidly once the program ends. In contrast, the involvement of the parents as partners in the enterprise provides an on-going system which can reinforce the effects of the program while it is in operation and help to sustain them after the program ends.[1]

Federal and state regulations also recommend that parents be involved whenever appropriate.

Also, concerned parents want to be involved in the child's programming in many ways: in relating background information; in helping to develop an individualized program for their total child; in problem solving; in coordinating the home-school program; in sharing ideas, goals and objectives; and in active roles as volunteer aides, resource people, and group leaders.

The information, knowledge, and insights that can be shared by the parents and teacher will be invaluable in the development of the child's program. Open communication can create an atmosphere in which everyone will benefit, especially the child.

This module will give you ideas for incorporating parents into the planning, developing, implementing, and evaluating phases of their child's individualized program.

FAMILY INVOLVEMENT

The Early Childhood: Exceptional Educational Needs teacher will be able to plan, develop, implement, and evaluate activities for the involvement of those responsible for the primary care of young exceptional educational needs children.

GOAL I	GOAL II	GOAL III	GOAL IV	GOAL V
The EC:EEN teacher will establish program's rationale for parental involvement and define staff's responsibilities and resources.	The EC:EEN teacher will promote effective parent-teacher relationship and facilitate open communication with family.	The EC:EEN teacher will promote positive parent-child interactions by contributing to the parent's understanding of learning as it pertains to his or her child.	The EC:EEN teacher will encourage and expand family participation in the child's educational program.	The EC:EEN teacher will evaluate the effectiveness of family involvement.
The EC:EEN teacher will: Objective A develop rationale for your own parent involvement component. Objective B develop an awareness of the ways a child's handicap affects the whole family. Objective C identify resources and constraints operating upon the development of an effective parent involvement component.	The EC:EEN teacher will: Objective A initiate contact and establish rapport with members of the family. Objective B develop long-term goals with the parents. Objective C maintain communications with family.	The EC:EEN teacher will: Objective A identify factors in the home that have a positive effect on the child's academic performance. Objective B educate parents in the process of parenting as it applies to their children's education.	The EC:EEN teacher will: Objective A develop an awareness of the variety of ways families can become involved. Objective B consider ways individual families can increase their participation.	The EC:EEN teacher will: Objective A identify method for the ongoing evaluation of the teacher's family involvement program. Objective B elicit feedback from parents on the effectiveness of the family involvement program.

GOAL 1

The teacher will establish the program's rationale for parental involvement and define the staff's responsibilities and resources.

OBJECTIVE IA

Develop a rationale for your own parent involvement component.

(IA) Activity 1 Read the following about parent involvement.[2] Look for statements that agree with your own philosophy.

Thomas Cooke and Tony Apolloni (1975) present ten postulates which appear to support and justify this contemporary trend which they believe must be viewed and evaluated before programs are planned and implemented:

(1) Involved parents can do a great deal toward providing support systems for one another. They may assist one another with skills, encouragement, knowledge and the strength in numbers necessary to deal with bureaucracies, insensitive social

systems, and institutions.

(2) Parental involvement may serve as a partial solution to the shortage of competent and dedicated paraprofessionals in the helping professions.

(3) Parental involvement and activism in educational systems should serve to maximize intrinsic consumer satisfaction at a time of widespread public dissatisfaction with educational and governmental agency functioning.

(4) Parental involvement seems to decrease financial cost of education to society. Longitudinal studies have shown that children oppositional to school and social requirements, with parents who are unable to assist in modifying such difficulties, frequently do not become productive citizens in maturity.

(5) Children spend most of their time at home with parents. If educators wish to modify attitudes, dispositions, habits or other areas of performance, the logical intervention made is with parents.

(6) A substantial body of data indicates that the growth stages from eighteen months to three years have lasting developmental significance. Parents need to be involved during this period in order to provide stimulating activities substantiating a comprehensive educational program.

(7) When educators provide continued support to parents, via an early parent-child stimulation program, children will retain gained skills.

(8) Parents who develop skills in interpersonal interaction and instruction with their children have demonstrated the ability to share these skills with other parents and thus reduce costs due to remediation.

(9) Education strategies exist with which teachers can teach parents to teach in their home and communities.

(10) Parents in our society are morally and legally responsible for their children's behavior, performance and development.

Beyond these suggestions of Cooke and Apolloni, important contacts may be developing and expanding for several reasons:

(1) Parents, as taxpayers, are our employers. Thus, we have a professional obligation to them and their children.

(2) Parents have a right to know what their children are experiencing in schools.

(3) Parents are daily teaching their children and not receiving support and assistance.

(4) Parents know the physical, social, emotional, cultural and educational experiences their children have had since birth.

(5) Children are more apt to be secure and less confused when home and school are in communication.

(6) Fewer conflicts and misunderstandings should develop if viewpoints are explained and known. People are less likely to reject and criticize what they know.

(7) Parents are supportive of the school's philosophy and reinforce its goals and objectives when they are acquainted with them and understand them.

(8) Teachers can more accurately assess children when they are more thoroughly acquainted with the children and their environments.

(9) Teachers are not physically and intellectually able to respond to the daily needs of all children.

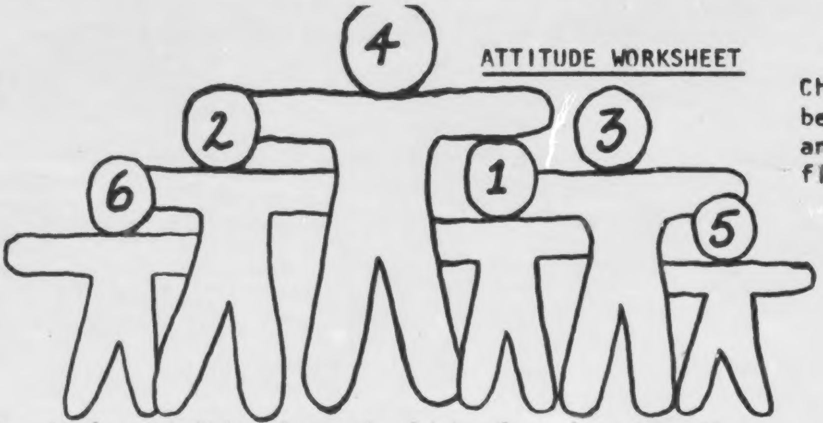
(10) With home and school joined in communication and understanding, the children get exposure to modeling of interpersonal relationships and societal citizenship and children's academic and social behavior should improve.

(11) When parents and teachers understand each other, accept each other and work cooperatively, learning is facilitated and maximized.

(12) A tension-free school contributes to the development of children who are more productive in other settings.

(IA) Activity 2

Duplicate the following worksheet. Ask each of your staff members to complete it and share your results. Discuss each item and compare the degree of parent involvement in your present program with the type of involvement desired by the staff. If there are gaps, you will probably want to make some changes. Once you have a "flavor" for needed change, you can progress through the module and keep your mind open to all the possibilities.



ATTITUDE WORKSHEET

Choose the statement that best reflects your attitudes and color the corresponding figure.

R - Red
B - Blue
P - Purple

1. Goals and Objectives should be formulated by the:

   R - lead teacher and support staff based on their objective assessment of the child's needs.
   B - parent and teacher in a cooperative planning session, utilizing all available information.
   P - teacher and other staff based on all available data including any information the parents might offer.

2. The staff's best approach:

   R - is to directly train the child and hope some of it will carry over in the home.
   P - is to educate the child and encourage support of your methods in the home.
   B - is to implement a program that encompasses the child's school and home life.

3. It is the staff's responsibility to:

   P - acquaint parent's with their legal rights regarding their child if they inquire.
   B - inform all parents of their legal rights and enlist them as advocates of your program.
   R - be aware of parental rights (P.L. 94-142) but if parents are curious refer them to other sources of information.

4. Communications with the child's family:

   B - should be frequent if staff and family seek to provide a consistant and effective program for the child.
   R - can be limited to occassional contacts regarding specific problems.
   P - are desirable but often require more time than staff is able to give.

5. The concerns of the staff:

   P - must be limited to the educations program goals and objectives, occassionally reflecting upon home factors which may affect his performance.
   R - must be restricted to the educational program for which they are totally responsible.
   B - must include all conditions which affect the child, including health, nutrition and living conditions.

6. The child's best teachers:

   R - are the members of the staff whose professional education and experience makes it possible for them to affect more progress than any other individual in the child's environment.
   B - can be the parents whose daily contact and first-hand knowledge provides them with an understanding of the child that exceeds all others.
   P - can be the members of the staff if they are supported by the child's family.

Your attitudes reflect:

Key: Red - commitment to serve the child.

Purple - a commitment to serve the child, asking the family in a passive role.

Blue - a commitment to involve and serve the child and the family actively.

OBJECTIVE IB

Develop an awareness of the ways a child's handicap affects the whole family.

(IB) Activity 1

Read the following excerpt from Leo Buscaglia's book: The Disabled and Their Parents: A Counseling Challenge. As you read, look for these components of family life that may be affected by a child with a handicap:

1. Marital relationship
2. Parents' behavior toward and interaction with children
3. Siblings' attitude toward and interaction with parents and child
4. Relationships within the family unit
5. Family's interaction with relatives
6. Family's contact with friends
7. Frequency and type of community experience
8. Attitudes of all the people in the family's support system (community, friends, relatives)
9. Family's time schedule and independence
10. Family's "life style" in the home
11. Physical and emotional health of each family member
12. Financial status of family
13. Family's ambitions and hopes for the future

"THE PARENTS SPEAK"[3]

A mother of a retarded child wryly described one three-week period in which she did not leave the house, when she quite literally did not see an adult other than her husband:

> I don't know really how it happened. I certainly didn't set out to stay home for three solid weeks. First of all, it was January, the thermometer hovered around ten degrees, and all five kids were plagued with colds and sore throats. In those days we were operating out of a fully stocked freezer so, except for an occasional head of lettuce or sack of potatoes which my husband brought home, it was seldom necessary for me to shop.
>
> Sitters were hard to come by. Our retarded son was so difficult to handle, we no longer entertained; and invitations were few and far between. At any rate, one evening as I was washing the dinner dishes, I began to cry, and I simply couldn't stop. It seemed as if I hadn't seen anything but children and dishes and diapers since time began. I remember I just left the dishes in the sink, put on my coat and boots and scarf, grabbed the car keys, and left. When I was two blocks from home, I suddenly realized I didn't have any place to go! I drove around for a while, finally went to the library and picked out six mysteries, stopped in at the local sweet shop for a hot fudge sundae, and then went home. I hadn't been gone more than an hour and a half but I felt a lot better! Of course, the next morning the whole routine began again, but from then on I was careful to schedule an occasional outing, even if it was just to the post office.

Another parent tells of the time her son was scheduled for an electroencephalogram (EEG):

> I must have blocked it out in part because I can't remember which doctor suggested it or what we were trying to prove or disprove or learn. But, anyway, Billy had to have an EEG, and this meant he had to be taken off all medication for three days before the examination. At the time he was on Mellaril, had been for four years, and it was the only thing we had found that would make him tolerable--not a joy, mind you, but at least tolerable. So I battened down the hatches; the first day wasn't too bad, and the second day was worse, to be sure, but the end was coming into sight so we lived through it. The morning of the third day was pure murder and I counted the minutes until our two o'clock appointment.
>
> Off we went to the hospital and were pointed in the direction of the EEG area which had its own waiting room. There I found, to my absolute horror, that they were running about two hours behind schedule, that the waiting room was so jammed there wasn't even a place for us to sit, and we were directed to wait in the huge, cavernous lobby outside. The first thing I did was to drag everything out of my purse that might amuse Billy--car keys, mirrors, pencils, and little scraps of shopping lists. That lasted about five minutes. Then we headed for the gift shop where I stocked up on coloring books and crayons, little plastic cards and other assorted items. That lasted about fifteen minutes. We then went through our repertoire of nursery rhymes, and patrolled the corridors, never going too far in case our name might be called.

> I literally did everything I could think of, and after about an hour, I just gave up. I sat back and pretended I didn't even know Billy and just let him run. And, heavens, did he run! Over to the huge plate glass windows to leave his fingerprints there and to tug on the elegant draperies. Up and over the furniture to do backflips. He never stopped, not for an instant, and I just sat there, getting a little smaller and a little smaller and a little smaller and trying to fade into the woodwork.
>
> Finally, one of those gentle little volunteers jogged over, and she wasn't smiling. "Mother," she said, "You are going to have to do something about that child." That's when the dam broke. I simply fell apart--you've never heard such blubbering! "We're supposed to have an EEG--and they're hours late--and he's a brain-injured child--and..." The poor dear was absolutely paralyzed but just for a moment. The next thing I know someone was handing me a damp cloth for my streaming eyes, someone else had popped Billy into a wheel chair and was taking him for a walk and he was loving it, and, best of all, within five minutes he was in the EEG room having sticky white paste applied to his noggin! It was then I decided that there was a time to be stalwart, and a time to weep.

These vignettes typify life with an exceptionality in which the most insignificant family plans can take on a dark cloak of dread. "What will he do next? How long may we have to wait in the dentist's office? Do we dare take her to the picnic? Why do people seem so uncomfortable when they are around our child? Will everyone stare and whisper at the shopping center? Will they even let us in? After all, last time he broke a plate glass window! There's always such a scene at the shoe store--could I guess at her shoe size and buy them without a fitting? We are the same as we always were-why does everyone treat us so differently? Why...? Why...? Why...?

OBJECTIVE IC

Identify resources and constraints operating upon the development of an effective parent involvement program.

(IC) Activity 1 — Read through the "constraints" blocking further development of a parent involvement program. Brainstorm with staff and offer some ways to overcome constraints. Then list constraints you are encountering and consider alternatives and solutions with your staff.

Constraints	Alternatives/Solutions
Staff would like to make more home visits but teachers have full loads and are fearing they will have to cut back their home visits. Budget constraint--unable to hire another teacher at this time.	Train paraprofessional to make make home visits. or Try the cluster approach--two or three mothers and their children meet with teacher in one home each week--more teacher contact and socialization.
Staff wishes to develop more participation in the center. Several parents would be willing to volunteer in the classroom but have no transportation to get there.	
Staff would like to improve the quality of parent education meetings. Some parents have been bringing their children to the meetings. They are often unable to tune into speaker because they are busy attending to their children. Or the children are distracting others from the program.	

(IC) Activity 2

Start a "Human Resource File": listing people who could provide assistance in preparing or presenting programs for families. In addition to your staff, your file might include:

county nurse

local doctor

dentist

social worker

child psychologist

pediatrician

guidance counselor

kindergarten teacher

dietician

ophthalmologist

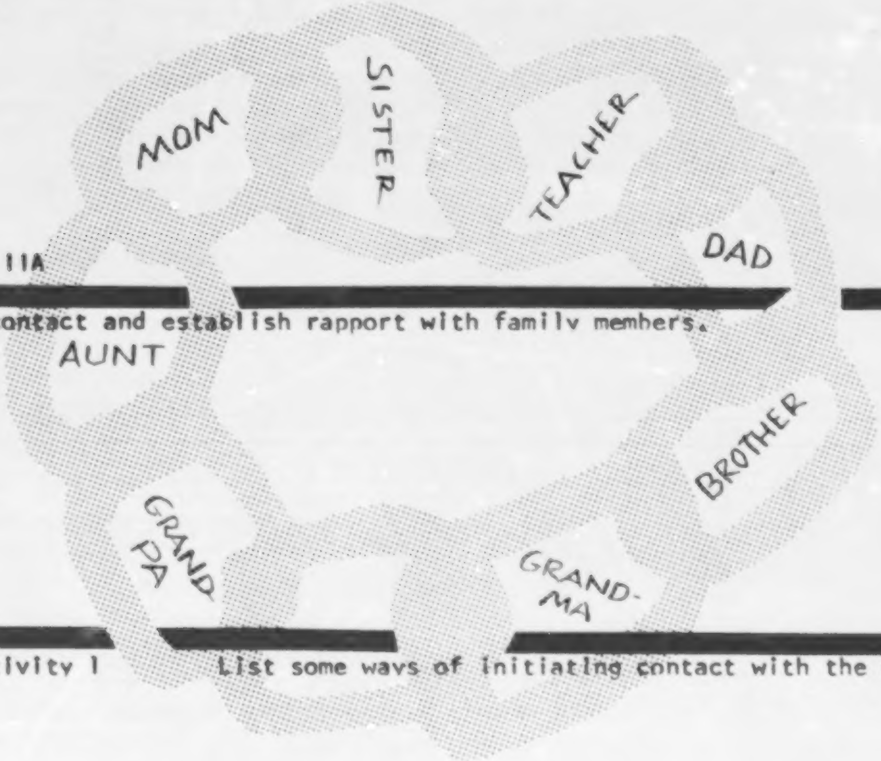
teachers of specialty areas (physical education, art, and music)

(IC) Activity 3

Compile a list of organizations for parents (e.g., United Cerebral Palsy and Association for Retarded Citizens). Remember that brochures and pamphlets are often available from service organizations. When you make contact, place your name on their mailing list. (See Module on Inter-Agency Cooperation for additional organizations and agencies.)

GOAL II

The EC:EEN teacher will promote an effective parent-teacher relationship and facilitate open communication with the family.



OBJECTIVE IIA

Initiate contact and establish rapport with family members.

(IIA) Activity 1 List some ways of initiating contact with the family.

Have you considered these?

1. Arrange for a home visit to introduce yourself and explain the program.
2. Have a registration at which the parent(s) will come to visit the teacher and program prior to the first day of classes.

3.6

3. Send home a newsletter introducing the teacher, building and services, and other staff members who work in the classroom.

4. Have a back-to-school night to explain the activities going on in the classroom. Use slides, photographs, role playing, etc.

(IIA) Activity 2 Develop an informative orientation acquainting the family with the educational setting and program. Include:

1. Philosophy of program
2. Personnel list with job description
3. Telephone numbers of all personnel
4. Emergency procedures
5. Schedule of typical day

This information may be delivered in a variety of ways:

1. Written form (handout, pamphlet, or bulletin board),
2. Verbal presentation (during home visit or group meeting), or
3. Using audio-visual media (slides, film presentation, photos, or transparencies).

(IIA) Activity 3 A parent new to your program has just approached you and asked, "I just read an article about this new law and don't fully understand it. Will you explain it please?"

Prepare a list of parental rights under PL 94-142.

(IIA) Activity 4 Read the following article.

COMMUNICATING WITH PARENTS: IT BEGINS WITH LISTENING[4]

It has been observed in both research studies and autobiographical accounts by parents that one effect of raising a handicapped child is isolation. Parents may feel isolated from members of the intended family, neighbors, and old friends who fear, resent, or feel uncomfortable and embarrassed by the handicapping condition. Many parents either anticipate or actually experience social rejection, pity, ridicule, and the related loss of self-esteem and social prestige.

It is not uncommon to find parents of handicapped children withdrawing from social participation and altering plans which might expose them or their child to social rebuff. This withdrawl or rejection may further frustrate the parents and thereby increase their hostility, resentment, or anger toward those around them. This, in turn, makes it more likely that their family, friends, and neighbors will want to have even fewer associations with them. Parents may find themselves in the grip of a vicious cycle of rejection and isolation.

This becomes an even more significant problem for parents of young handicapped children who have only just begun the painful and lengthy "coming out" process in which they publicly acknowledge their child's handicapping condition. Part of this process involves the replacement of unhelpful or negative family members and friends with a new constellation which might include other parents of handicapped children, community agencies or assocations, and special educators as their primary source of emotional support and understanding. But, prior to the development of these new relationships, it may be the special teacher who best comes to know and care for the child. The special teacher can be a powerful therapeutic helper as the family struggles with problems of isolation...

NEED FOR UNDERSTANDING

The thrust of recent legislation and judicial decrees has been to bring an increasing number of children with a variety of handicapping conditions into the schools, at earlier ages than ever before. This situation implies an increasing number of contracts with parents who are new to the task of raising a handicapped child and who will need considerable understanding and support as they learn to accommodate and adapt to their child's special needs. This need for understanding, made even more crucial by the possible isolation from traditional sources of family or neighborhood support, places an additional obligation upon the special educator to form a helping relationship not only with the children in the classroom, but with their parents as well. In addition, these relationships provide the teacher with an opportunity to be a source of positive growth for the entire family, as well as the opportunity for personal growth.

LISTENING TO OTHERS

The process of helping another person begins by accepting the total person in a nonjudgmental manner, and communicating an attitude of acceptance as clearly as possible. One very direct way to communicate acceptance of others, particularly to those in stress, is to listen to their feelings and to the ways in which those feelings are "coded in language."

Listening may be either passive--where one simply listens in relative silence and where silence is an expression of openness and acceptance--or it may take a more active form in which the listener puts his understanding of what was said (and the feeling behind the verbal statement) into his own words and feeds it back to the speaker for verification and clarification.

This technique, described as "active listening," is a profound way to communicate a willingness to hear, to understand, and to have empathy with its roots in the client centered therapy of Carl Rogers (1951). The continuing success of Thomas Gordon's Parent Effectiveness Training book (1970) and courses attests to its real value for parents, teachers, and others in the helping professions.

ROADBLOCKS TO COMMUNICATION

Typically, it is assumed that being an effective helper means giving advice. When friends or family members come to us with a problem, they will often ask, "What shall I do?" or "What would you do if you were I?" Rather than actively listening to the content and feelings implied by these kinds of questions, we all too willingly respond with advice, i.e., "If I were you, I would...."

Let's face it, being asked for advice and giving it quickly is a powerful reinforcer and can be interpreted as an affirmation of our wisdom, vision, and mental well-being. Relinquishing this power is difficult and threatening, particularly if the advice-giver has occasional second thoughts about his own wisdom, vision, or mental well-being.

Teachers often have the mistaken notion that it is their duty to help parents accept or adjust to their handicapped child by giving advice or direction. This attitude may reflect the possibility that the teacher has already made a judgment of the parents and has evaluated them as maladjusted, unrealistic, or disturbed. Given this predisposition, it is possible that the teacher may turn to any number or combination of generally unhelpful strategies such as ordering, admonishing, exhorting, moralizing, preaching, advising, blaming, psychoanalyzing, ridiculing, lecturing, questioning, humoring, or criticizing the parents.

Take, for example, a hypothetical situation in which a mother has enrolled her young handicapped child in a preschool or infant stimulation program, but fails to bring the child to school on a regular basis. The teacher decides to discuss these repeated absences and reverts to one of the above-mentioned strategies.

Ordering: "You must bring Cindy to class on a more regular basis."
Admonishing: "If you don't bring her to school you'll be sorry later on."
Exhorting: "You shouldn't act like this."
Moralizing: "It's your responsibility as a parent to see that Cindy gets all the help she needs."
Preaching: "You should show more respect for education."
Advising: "Let me suggest that you bring the child more often."
Blaming: "You're doing Cindy a lot of harm."

Psychoanalyzing:	"You're just afraid to face the truth about Cindy's handicap."
Ridiculing:	"You're acting like a little child yourself."
Lecturing:	"Handicapped children need this kind of early intervention."
Questioning:	"Why don't you come more often?"
Humoring:	"Maybe you'll be lucky and break your leg so you won't have to come more often."
Criticizing:	"You're not behaving very rationally."
Persuading with logic:	"Don't you realize that early intervention can minimize the effects of the handicapping condition?"

LISTENING TO PARENTS

Listening is a skill which involves decoding the speaker's message to more fully understand the emotion or feeling behind the message. The listener is active in the process in that he reflects or provides verbal feedback to the speaker to test his own understanding of what has been said.... Another reason for listening actively is to communicate to the speaker that you are trying to understand the basic message and, if successful, that you have shared his verbal exploration. Brammer (1973) stated that a reflection accurately executed to the speaker's satisfaction is an objective definition of understanding.

The active listener translates his raw perceptions of what the parent is saying into more simple, precise, and culturally relevant language. The listener feeds back only what was said and carefully avoids adding his own ideas. To help in this process, the listener should constantly be asking internally, "What is this parent saying to me?" At the time of a natural break in the flow of ideas and feelings, the listener gives a concise summary of what he has heard. The feedback may include both cognitive content and feelings, if these are an important part of the speaker's message. The novice active listener would do well to focus initially on the content side and approach the reflection of emotion with some caution until more comfortable and practiced with the technique. Of course, an emotionally loaded message cannot and should not be "diverted" or left unrecognized.

The teacher should look for some cue that his reflection has been helpful and adequately reflected....

There are some cautions in the use of active listening. If the listener is not careful, he may develop a highly stylized way of responding which may become annoying to the speaker.

Worse, the speaker may interpret the stylized response as artificial, phony, or indicative of the listener's lack of genuine concern. Phrases such as "I hear you saying..." or "What I think you're saying is...", should not be repeated too often. Using a reflection may seem a bit unnatural at first until the active listener begins to experience some rewards in the form of encouraging responses from the speaker. After a while it will feel more like a natural form of communication than the gaggle of questions, opinions, veiled threats, or bland conversation fillers that we too often employ in our everyday communication.

Ultimately, parents should experience a feeling of being understood as a consequence of active listening; for many parents of a handicapped child, this may be the first step out of isolation. Parents may also experience more specific outcomes in the form of developing a sense of connection and direction to a string of otherwise seemingly rambling statements.

Actively listening fosters a kind of catharsis and helps parents initially to identify and subsequently to accept their own feelings. In addition, people tend to feel comfortable with the listener who reflects skillfully. In the school setting this may influence the parent to be more open to a cooperative home-school relationship. Active listening is a technique which encourages parents to think independently and to discover their own solutions; it communicates the teacher's belief and respect in the parents' potential for self-discovery.

Active listening is a skill which requires considerable practice in a laboratory or clinical setting. Many colleges and universities offer basic counseling or guidance courses which introduce and allow for the guided practice of active listening skills. Inservice programs or some of the commercially available courses such as Parent Effectiveness Training (PET) provide excellent training opportunities for those who desire more experience with this technique.

A summary of guidelines for active listening includes:

1. Listen for the basic message of the speaker.
2. Restate to the speaker a simple and concise summary of the basic content and/or feeling of the message.
3. Observe a cue or ask for a response from the speaker to confirm the accuracy and helpfulness of the reflection.
4. Allow the speaker to correct your perception if it was inaccurate.

ATTITUDES REQUIRED AND RISKS INVOLVED

Gordon (1970) stressed that active listening is not simply an external technique "pulled out of the tool kit" whenever someone has a problem. Rather, it is a method for putting to work a basic set of attitudes about human relationships. Without these attitudes, the teacher who attempts to listen to a parent will appear to be false, empty, mechanical, or insincere. Whenever these attitudes are absent, a teacher cannot be an effective active listener. Gordon listed basic attitudes which must be present during conversation:

1. You must want to hear, and have the time to hear, what the parent has to say. If you don't, say so.
2. You must want to be helpful with the parent's problem at that time. Otherwise, wait until you do.
3. You must be able to accept the parent's feelings, whatever they may be or however different they are from yours. To accept his feelings does not mean that you must accept them as your own, but simply that you allow him the right to feel as he does. It is a way of saying, "I can be me, and you can be you."
4. You must believe in the parent's ability to find solutions to his own problems. This requires the teacher to give up decision-making power over the parent's life.

The risks involved in active listening stem from the process itself which requires the listener to suspend his own thoughts and feelings. Active listening is not easy; it is physically and mentally demanding. It required that we attend fully to another person, that we cease to focus on our own concerns or problems, that we suspend our moralistic and ethnocentric biases and judgments. In short, it compels the listener to see the world as another sees it.

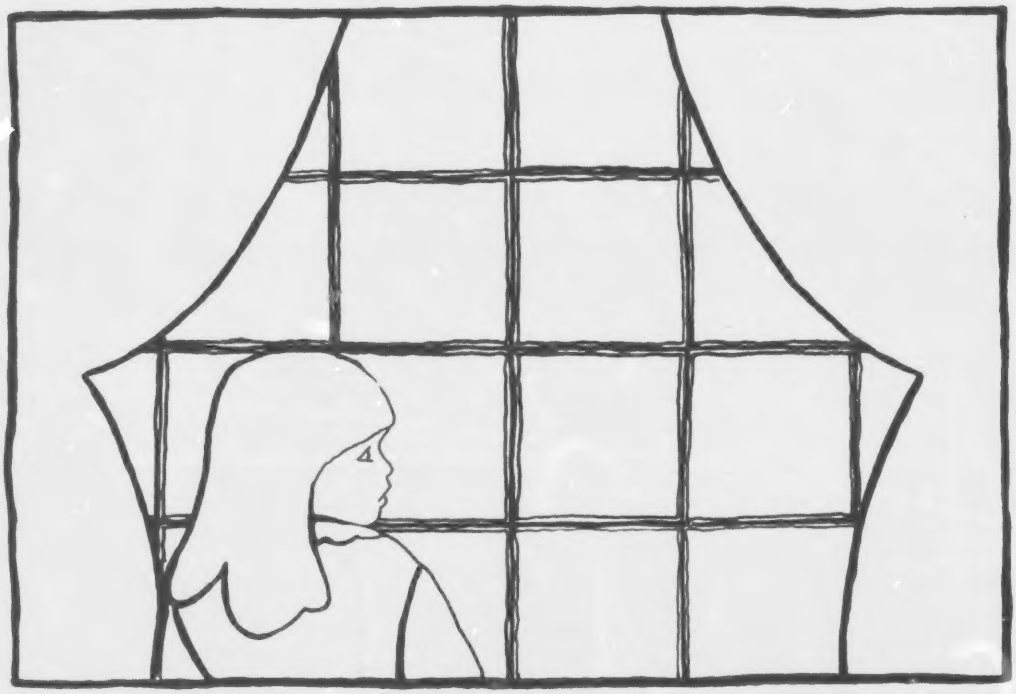
The teacher who willingly listens to parents risks having his opinions and attitudes changed and invites the possibility of having to reinterpret his own experiences. For some teachers this will be seen as an intensely threatening experience and for this reason they should refrain from its use. Others will choose to actively listen to parents as part of their personal and professional commitment to families of handicapped children, as well as in the interest of expanding their own human potential.

(IIA) Activity 5

Find a card or a piece of paper. Place it so that it covers up the first response of the teacher. First read the parent's message, then formulate your own active listening response. Then slide the card down so that you can read the response of the teacher and compare this with your own response. Continue this procedure throughout.[5]

Parent:	I wish Jennifer was making as much progress as some of the other kids in her class.
Teacher:	You're feeling a little envious of the others.
Parent:	Yes. They all seem to be moving so much more quickly than Jennifer.
Teacher:	You wish she would make faster progress.
Parent:	Yes, I do. It's so frustrating to see everybody--you, me and Jennifer--work so hard and yet make such slow progress.
Teacher:	You really get frustrated when you do so much and don't see results.
Parent:	Sometimes I begin to think, "What's the use?"
Teacher:	It's more than being frustrated, sometimes you think all our work is useless.
Parent:	Yes. Some days I think she'll never learn anything.
Teacher:	You feel that she can't learn.
Parent:	Well, not that she can't learn--but that it's so much harder for her than the others.
Teacher:	Learning for her is very difficult.
Parent:	Yes it is. And I guess I feel sorry for her because she has to work so hard. But I also know it's not good to pity her.
Teacher:	It sounds like you're really struggling with two conflicting emotions.
Parent:	I guess I am. But just talking about this with you makes me feel better.

(IIA) Activity 6 List some things to remember to help ensure a comfortable and relaxed first meeting.



Did you include these:

Try to see both parents.

Begin and end with positive comments.

Encourage the parents to relate their own feelings.

Relax and enjoy the meeting as an information session about the child.

Be a responsive listener.

Express yourself clearly, avoid "professional gobbledegook."

Do not put parents on the defensive.

Ease up. Remember parents are just people.

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Objective IIB

Develop long-term goals with the parent(s).

(IIB) Activity 1

Before developing goals, it is necessary to collect all pertinent information. Teachers often use a questionaire to gather background information from parents. Ask a friend to role-play a parent and use a questionnaire as the basis of an open-ended interview, in which questions do not require a "yes" or "no" answer. (See the "Assessment" module (IIA) Activity I, for an example of a questionnaire).

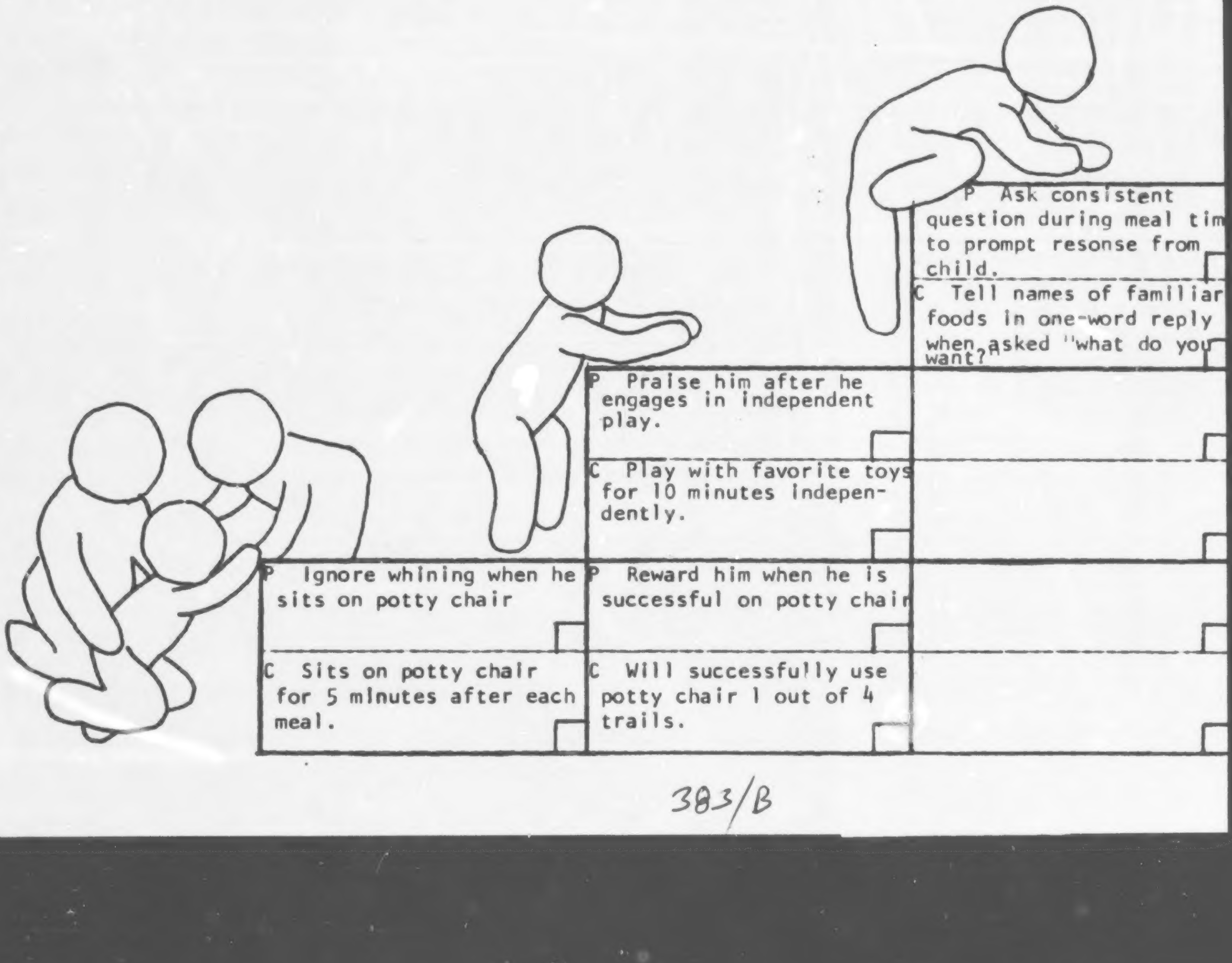
Open-ended questions can be less threatening than "yes" or "no" questions. For example, if you want to know if a child is toilet trained, ask "How's toilet training going?" instead of just "Is he toilet trained?"

(IIB) Activity 2

It may be helpful to ask the mother and father to independently complete a developmental checklist on their child and compare their results. Ask them to share their findings with yours. In what areas did all three checklists agree? Differ? Discuss specific items.

It is often helpful for parents to see their part in the child's objective. This planning page from the Portage Parent Program offers a unique way for a parent to set objectives for child and self.

OBJECTIVES FOR YOU AND YOUR CHILD[6]
P=parent
C=child



P Ignore whining when he sits on potty chair

C Sits on potty chair for 5 minutes after each meal.

P Praise him after he engages in independent play.

C Play with favorite toys for 10 minutes independently.

P Reward him when he is successful on potty chair

C Will successfully use potty chair 1 out of 4 trails.

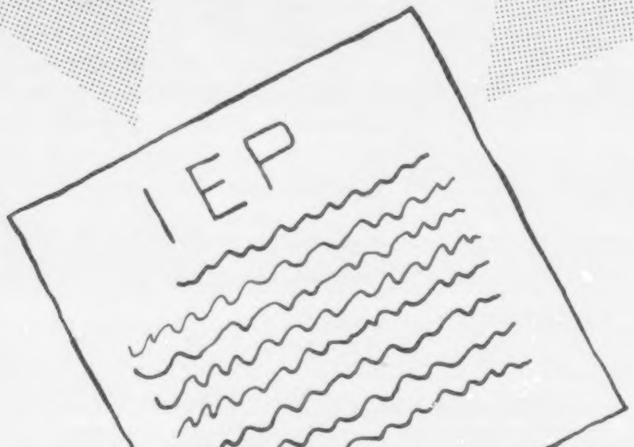
P Ask consistent question during meal tim to prompt resonse from child.

C Tell names of familiar foods in one-word reply when asked "what do you want?"

(IIB) Activity 3

After obtaining information from parents and sharing the assessment findings, it is time to formulate long-term goals together. When setting goals you should take care not to "come on too strong" with the parents. You may find that your expectations clash in some areas. You must resolve these differences tactfully so that the finished product reflects everyone's input. Simulate part of an IEP conference between a parent and a teacher. Conflicting expectations are listed below. Ask another staff member to play the part of the parent and determine goals by resolving conflicting expectations.

Parent's Expectations	Teacher's Expectations
Timmy will use the potty chair after each meal.	Timmy will tolerate sitting on the potty chair for three minutes each day.
Timmy will be able to play by himself for thirty minutes.	Timmy will play with a favorite toy for five minutes.
Timmy will answer me in one or two words when I ask him what he wants to eat.	Timmy will label familiar objects in one or two word replies.



Objective IIC

Maintain communications with the family.

(IIC) Activity 1

You may frequently wish to communicate some of the information below to the families. (Add to the list if you wish). How you relay this information depends on many factors. Group communication techniques are not as time consuming as personal communications, but the personal touch means a great deal to many parents when the message involves their child. The information to be relayed often lends itself to one technique or the other. Review the list and indicate whether you would convey this information in Group Communication (such as a newsletter) or in a Personal Communication (such as a note or phone call).

Indicate with G or P in the preceeding space:

_____ Community events and resources

_____ Children's achievements

_____ Recognition to parents

_____ Recipes

_____ Parent ideas to share

_____ Listing of classroom school events

_____ Birthdays/special announcements

_____ Explanation of unit activities

_____ Fingerplays/activities to do at home

_____ Child's creations (artwork, etc.)

_____ Items to send to school

_____ Need for volunteers to do specific tasks

_____ Related articles and clippings from other newsprint

_____ Daily experiences of Child

_____ "Kid's Quotes"

_____ Behavior data

_____ Update on child's performance

(IIC) Activity 2 Develop one example from each category below. Attempt to "personalize" your group communication by mentioning children's names. You may wish to devise a form that you can fill in with information unique to that child.

Group Communications

--Newsletter

--Calendar

--Bulletin board

--Packets (activities for holidays or weekends)

--Message Relay/Phone Tree (Teacher calls two mothers who call their assigned contacts, etc.)

Personal Communications

--Phone call/direct conversation

--Traveling notebook

--Activity chart

--"My Day" experience sheet

--Child's portfolio

--Diary/log

--Written letter/card

--Happy grams

Some examples of group and personal communications follow.

(IIC) Activity 3

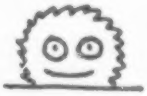
You may already be using several ways to communicate with parents. One real test of the effectiveness of your communication is how often you receive a response. Are you always the sender? Personal communication makes two-way communication easier. It is possible to build "checks" into your group communications to prompt a return of information or input from parents. (The newsletters on the following pages contain such "checks.") List three ways of building a response into a bulletin.

CERTIFICATE
This is to certify

Thank you Mrs. Luebner, for coming on March 30 to talk to us about the care of pets. As you may know Mrs. Luebner is an active member of the Humane Society. The kids loved the talk and the pets Mrs. Luebner brought.

Thanks

Recipe for Cookie Monster's Peanut Butter Balls



Mix: 2 c. peanut butter
2 c. honey
2 t. dry powder milk mix
Add: 1 T. Oatmeal
1/4 c. raisins and nuts

Mix. Roll into balls (1"). Place on cookie sheet. Chill 4 hours.

The kids really liked this recipe. They asked me to "give it to mom"! It's easy and very nutritious.

CONGRATULATIONS

Cordell Richards has a new baby brother. Born March 5 at 1 A.M. he weighed 7# 8 oz. His name is Kendall. Cordell says he mostly eats, cries and sleeps right now.

HOORAY !!

Bobby Fulton Lester Gordon
Nick Clifford Kathy Lister
Renee Foxx and Doug Blake

have successfully completed their "Tigers" reading book. They really worked hard. Good job.

Mike Sutter can count to 20 now. Keep up the good work Mike! ☺

Ms. Poole has been using this activity with Mark. I would like to share it with you. It's excellent! Blindfold the child and hand them different objec[illegible] one at a time. Use common objects the child would be familar with. Ask them to name the object just by touching it. Ms. Poole made some alphabet letters for Mark to feel and name as well. This really helped him learn the alphabet.

attention !!

On Wed. April 10 we will be going to the Milwaukee County Zoo. Please send a bag lunch and 15¢ with your child that day. I will need parent volunteers to go al[illegible]. If you are interested, call me at 459-5112 between 8 am - 9 am.

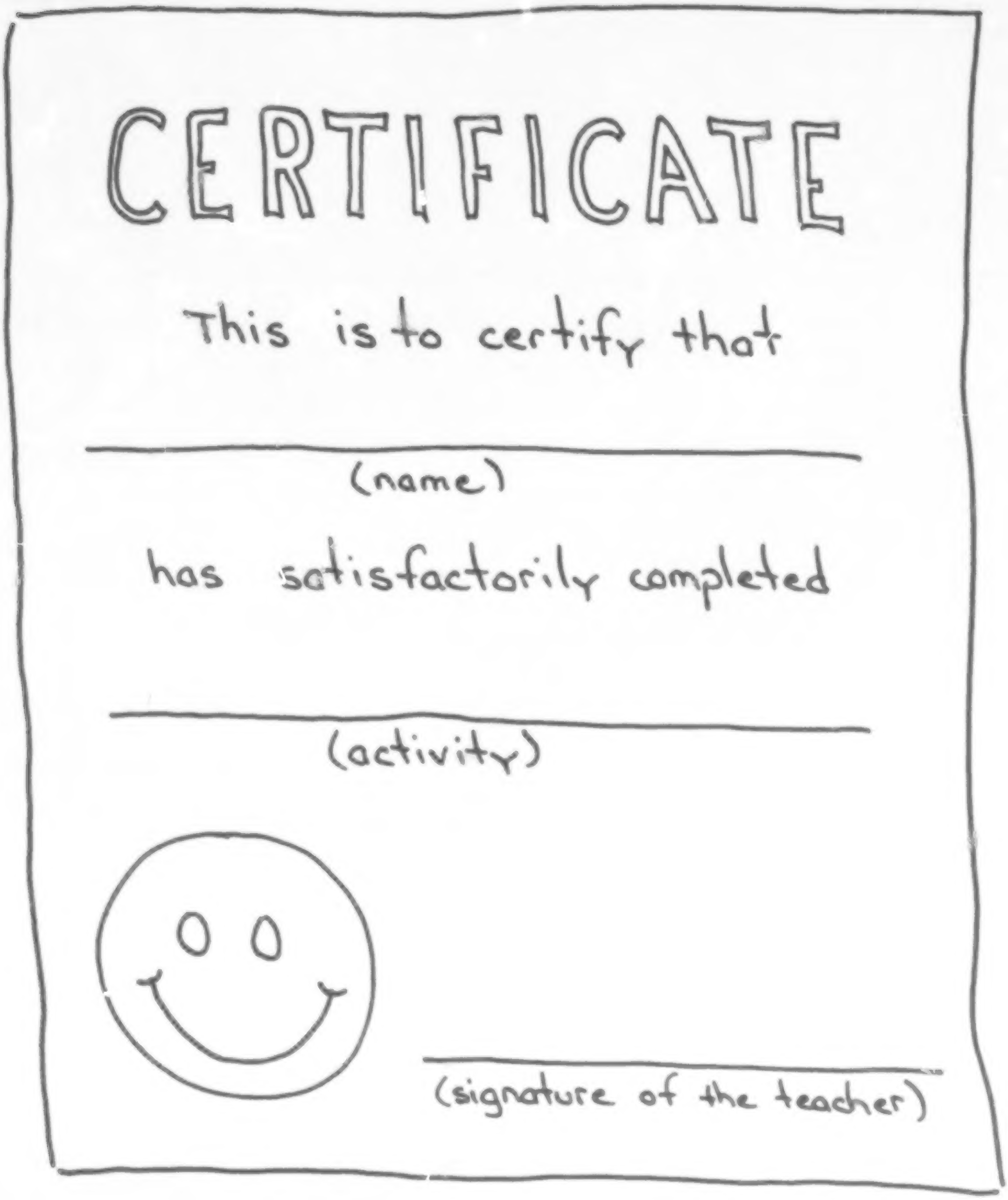
MONTHLY CALENDAR--School Events and Home Projects

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1 Name five foods you like to eat.	2 Draw a picture of your mom.	3 Practice making circles.
4 Make something red, white, and blue.	5 Count the windows in your house. Jimmy Hunter's birthday!	6 Find things that come in pairs.	7 Ask a friend to watch Sesame Street with you.	8 Count to nine (9) Police Officer Dan visits our room today.	9 Sing "I'm a Little Teapot"	10 Find four things that have the same shape as a square.
11 Name the furniture in your bedroom.	12 Draw straight lines on paper and cut on the lines to make strips.	13 Trace your name in the sand.	14 Count the door-knobs in your house. Open House at school tonight 7-9 p.m.	15 Do something nice to help Mom today.	16 How much do you weigh? Stand on a scale and find out. Swimming 1:00pm YMCA	17 Copy your name (or trace over it)
18 Say "Humpty Dumpty" with Dad.	19 Draw a flower and color it. No School--Teacher Inservice	20 Do you remember the story of the three bears? Tell it to a friend.	21 Think of three things that smell good.	22 Find two things that are made of wood. Mary Slinger's Birthday!	23 Cut out pictures of "things that go" from old magazines.	24 Make some playdough with Mom. 3 cups flour 1 cup salt 2 tbsp. cooking oil.
25 Can you say your phone number?	26 Point to these body parts: elbows ankles shoulders wrists	27 How tall are you? Use a measuring stick to find out.	28 Make a collage of things you found outside.	29 Make a paperbag puppet.	30 Name three things that are yellow.	31 Do something extra nice for Dad today.

ECEEN Project/Wisconsin/1979

Some examples of personal communication are:

A Happy-Gram



CERTIFICATE

This is to certify that

____
(name)

has satisfactorily completed

____
(activity)

____
(signature of the teacher)

The "MY DAY" sheet is designed with four large blocks to record observations of activities, attitudes, and type of participation. Observations should be noted and checked by teacher or teacher aide. Write day of the week, date, and make regular use of these sheets.

MY DAY REPORT[7]

My Day ____(Child's Name)____________

Teacher ____________________

Monday Tuesday Wednesday Thursday Friday
(Circle one)

Date ________________
(Month-day-Year)

LARGE GROUP INSTRUCTION

Time: ___ to ___

THEME AND OBJECTIVES

____

____

____

Participated ____________

Showed interest ________

Listened carefully ______

Not much interest ______

LANGUAGE AND VOCABULARY DEVELOPMENT

Skill ______________

____

____

Took an active part ______

Responded with group ____

Responded alone ________

Also showed interest in __

____

____

Other comments:

WORK AND PLAY IN CENTERS

Time: ___ to ___

Beads ________

Crayons ______

Cutting ______

Fingerpaint ____

Pasting ______

Puzzles ______

Peg boards ____

Mathematics ___

Science ______

Dolls ________

Dress-up ______

Housekeeping:

Bedroom ______

Kitchen ______

Large blocks ____

Small blocks ____

Water ________

Woodworking ______

Library center ______________

Career closet ______________

Cooking center ______________

Playdough or clay ____________

Painting at easel ____________

Small wheel toys ____________

Music - records _____________

Overhead projector ___________

Tape recorder _______________

Games on floor ______________

Child played in one center ______

Played in several centers ______

Played alone mostly ___________

With other children __________

Near teacher ______________

Watched other children _________

Played near others ___________

Sought comments from teacher ______

Seemed happy ______ sad __________

Busy ________ Angry and hostile __

Other comments:

FAMILY LIFE AND AUTOMATIC BEHAVIORS

Time: _____ to _____

Willing to help clean own center ____________

Helped others ____________

Took a leadership role ____________

Was a follower ____________

Did not help others ______

Slow about cleaning and putting away own toys, etc. ________

Used rest room alone ______

Washed hands

after rest room ________

after play ____________

before eating ________

Remained seated during lunch ____________

Ate most lunch __________

Happy at lunch but unconcerned about food ____________

Nervous-didn't eat ________

Willing to prepare for rest time ________

Relaxed and seemed resting ____________

Unhappy about nap ________

Active-did not rest ______

Slept soundly ____________

Other comments:

PHYSICAL ACTIVITY

Time: _____ to _____

Dressed alone to go outdoors ____________

Balls ____________________

Jump rope ________________

Building blocks ___________

Lind climber ______________

Musical games _____________

Exercises to music _________

Wheel toys _______________

Walking boards, etc. ________

Group games ______________

Rhythms _________________

Most of the time

Played happily __________

Couldn't get started ______________

Took leader role ________

Played follower ________

Mostly watching __________

Sad and withdrawn _________

LIBRARY CENTER

Stories were ______________

____

Child listened

Eagerly _______________

Disinterested __________

Couldn't leave others alone ____________

Didn't care much __________

Other comments:

Dear Parent:

Next week we'll be starting a new unit called Who's Who? We'll be talking about the various people your child comes into contact with in school, at home, and in the community.

You can help us a lot by filling out the attached sheet with your child and sending it back as soon as possible.

Thanks! Your help is greatly appreciated.

WHO'S WHO?

Who is in your family? ____________________

Whom do you like to play with? ____________________

Who is your babysitter? ____________________

Whom do you like to watch on T.V.? ____________________

Whom do you like to visit? ____________________

Who is your bus driver? ____________________

WHO ARE YOU?

I am ____________________

Dear Parent:

Next week is COLOR WEEK! We need your help to make this a "colorful" week for your child as we are reviewing colors.

On Monday we'll be doing our work tasks with red objects, eating red apples, writing with red chalk, doing everything with red because Monday is RED DAY.

Tuesday is our BLUE DAY and we're asking each child to wear something blue on that day. (Blue pants or a blue shirt, blue socks or just a blue ribbon would be fine. Anything blue.)

Wednesday is ORANGE DAY and we'd like your child to bring something from home that he can paint orange. An old shoe, a chunk of wood, a newspaper, a box, anything that you won't need back. (Picking something out with your child will be half the fun.)

Thursday is GREEN DAY. We'll be making a green salad for lunch. In addition, we'd like each child to bring something from home that is green, or has green in it. It could be a toy, a container, a spool of thread, anything green. (Don't worry--we won't be painting these things. We'll return them.)

Friday is YELLOW DAY. We're going to make something yellow for you. It will be a surprise.

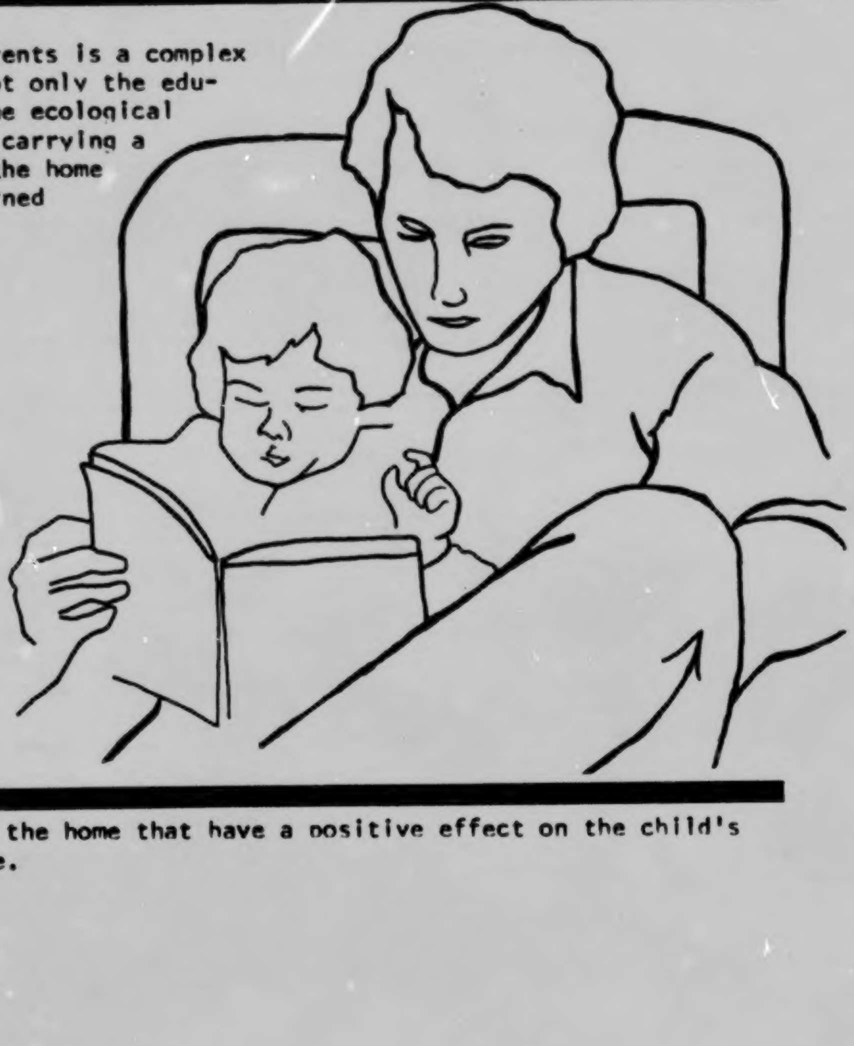
Please help us make color week a success!

GOAL III

The EC:EEN teacher will promote positive parent-child interactions by contributing to the parent's understanding of learning as it pertains to his or her own child.

"Working with parents is a complex process involving not only the educational but also the ecological variables... simply carrying a learning task into the home without being concerned about the health, nutrition, housing, economic and other life forces which affect that home will not do the job."

—Ira J. Gordon[8]



OBJECTIVE IIIA

Identify factors in the home that have a positive effect on the child's academic performance.

(IIIA) Activity I — Read the following excerpt from Ira Gordon's article, "Self-Help Approach: Parents as Teachers."[9]

What do we know about the way in which homes affect learning? How do they influence the child's scholastic performance? And what can we do about it? The work of the behavioral scientists who investigated the first question suggests many factors which influence school achievement. First there are the broad ecological factors such as the quality of housing, the level of income, the composition of the family, the social class and ethnic background of the family. The second and third sets of factors relate more to the way in which parents behave. Many of us are well aware that such labels as "social class" or "poverty level income" are far too broad to really tell us much about what a parent does and how a parent feels about the education of this child. When we examine the particulars, we find that those children more likely to do well in school come from homes which: (1) have planned cultural activities within them, (2) have taken advantage of the variety of community resources, such as nursery schools and kindergartens, zoos and parks, museum and libraries, (3) provide the child with academic guidance in the home, (4) make books, magazines and other intellectual tools available, (5) include the use of many abstractions and reasoning types of sentences in family language. This type of home also provides the child with frequent opportunities from the very earliest years to hear his parents talk and to talk with them even in such simple settings as around the dinner table.

Of special significance is the fact that in the type of home described above, the parents see themselves as teachers of their children. They recognize a responsibility and, more than that, they recognize that what they do in the direct instruction of the child influences how he will grow. Parents in such a home, for example, when shopping in the supermarket make it a point to show things to their toddler or child in the cart, point out lables, colors, shapes and names and to answer as best they can the numerous questions posed by the young child.

The homes of children who "make it" seem to be characterized by a certain emotional climate. There is an order, consistency and a set of home routines. The child has some predictability as to how his behavior will be received. This does not mean that parents are always in perfect agreement, but that generally the child can count on receiving somewhat consistent guidelines concerning his action. The chances are the mother (1) will be emotionally secure, (2) will have a good deal of self-esteem, (3) will trust the school, (4) will devote time to the child and (5) will have a set of organized work habits. A major personality factor which seems to effect learning is the parents' own "belief in internal control." A parent who has such a belief feels that he has some control over his own life and his own destiny, rather than believing himself to be a victim of chance, fate and circumstance.

(IIIA) Activity 2 Answer the following study questions:

1. Name some environmental factors that affect learning in the home.

2. Gordon names five common practices that exist in the homes of children who do well in school. List three of those practices that you feel are most important to school success.

3. Children who "make it" in school appear to come from homes where a certain emotional climate prevails. Mothers of these children appear to have some common behaviors. Give Gordon's description of those behaviors.

4. Could you determine the presence of these desired practices in the home? Behaviors of parents? How?

(IIIA) Activity 3 One way to examine the practices and parent behaviors that affect their relationship with their child is to use an inventory or survey. Review the following excerpt from Caldwell's, "Home Observation for Measurement of the Environment", an inventory for ages 3-6.[10] This section is one of eight. The teacher scores the tool "yes" or "no" for each item as she observes and interviews the parent in the home. This instrument contains many value judgments regarding home environments. It should only be utilized with a thorough understanding of the training manual.

V. PRIDE, AFFECTION AND THOUGHTFULNESS
(Observation items except **53, **54, **55, **56, **57, **58, **59)

	YES	NO
**53. Parent turns on special TV program regarded as "good" for children (Captain Kangaroo, Magic Toy Shop, Walt Disney, Flipper, Lassie, Educational TV, etc.)		
**54. Someone reads stories to child or shows and comments on pictures in magazines five times weekly.		
**55. Parent encourages child to relate experiences or takes time to listen to him relate experiences.		
**56. Parent holds child close ten to fifteen minutes per day, e.g., during TV, story time, visiting.		
**57, Parent occasionally sings to child, or sings in presence of child.		
**58. Child has a special place in which to keep his toys and "treasures."		
**59. Child's art work is displayed some place in house (anything that child makes.)		
60. Mother introduces interviewer to child.		
61. Mother converses with child at least twice during visit (scolding and suspicious comments not counted.)		
62. Mother answers child's questions or requests verbally.		
63. Mother usually responds verbally to child's talking.		
64. Mother provides toys or interesting activities or in other ways structures situation for child during visit when her attention will be elsewhere. (To score "yes" mother must make an active guiding gesture or suggestion to structure child's play.)		
65. Mother spontaneously praises child's qualities or behavior twice during visit.		
66. When speaking of or to child, mother's voice conveys positive feeling.		
67. Mother caresses, kisses or cuddles child at least once during visit.		
68. Mother sets up situation that allows child to show off during visit.		
SUBSCORE		

(IIIA) Activity 4 — Review the following survey descriptions and choose one you would like to send for or borrow for your own review and use.

BAUGHMAN AND DALSTROM PARENT INTERVIEW SCHEDULE

Baughman and Dalstrom, Negro and White Children: A Psychological Study in the Rural South. New York: Academic Press, 1968.

The Baughman and Dalstrom Parent Interview Schedule includes a number of well-stated questions about what the child is like and how the parents deal with him. Questions are also asked about the parent's background and child rearing practices. A follow-up interview form is also given.

FELS PARENTAL BEHAVIOR RATING SCALES

Champney, "Measurement of Parent Behavior", Child Development, 1941, vol. 12, pp. 131-166.

The Fels Parental Behavior Rating Scales consist of thirty scales that deal with parental behavior in the home. Each scale has a title, and the points on the scale are well defined in the sentence or two. The first six scales deal with the home environment and the rest with the behavior of the parent specifically. Sample scale titles are: Activeness of the Home (Active-Inactive); General Babying (Overhelps-Refuses to help); Readiness of Criticism (Critical-Uncritical). The rater would have to be quite familiar with the home to make an accurate rating on these scores.

HOW I SEE MYSELF SCALE

Ira J. Gordon, Institute for Development of Natural Resources, College of Education, University of Florida, Gainsville, Florida 32601.

The How I See Myself Scale is a rating scale consisting of 40 items. Each item consists of two polar statements indicative of some aspect of the parent's self-perception, and room to indicate where he falls on a five-point scale. For example:

People like me.	1 2 3 4 5	People don't like me.
I don't like to try things.	1 2 3 4 5	I like to try new things.
I'm very healthy.	1 2 3 4 5	I get sick a lot.

The scale includes the verbal directions that are to be given to the parent.

INVENTORY OF HOME STIMULATION

Bettye Caldwell, Center for Early Development and Education, University of Arkansas, Little Rock, Arkansas, Copyright, 1970.

The Inventory of Home Stimulation consists of 72 items. A home visitor responds to these items with a "yes" or "no" for each item. The test contains items under the following categories: Frequency and Stability of Adult Contact, Developmental and Vocal Stimulation, Emotional Climate, Avoidance of Restriction, Breadth of Experience, Aspects of the Physical Environment, and Available Play Materials (for specific age groups). The scale is designed for use in homes with infants aged 0-3 years.

PARENTAL ATTITUDE RESEARCH INSTRUMENT (PARI)

Earl Schaefer and Richard Bell, (described in "Development of a Parental Attitude Research Instrument", Child Development, 1958, vol. 29, pp.339-361.

The Parental Attitude Research Instrument consists of 115 items that deal with the attitude of parents toward child rearing. In an abbreviated version of 60 items, for which we have scoring information (we have the 115 item scale, but no scoring information), there are 14 subscales falling into three major areas. Democracy-Domination includes encouraging verbalization, excluding outside influences, equalitarianism, and comradeship and sharing. Acceptance-Rejection includes breaking the will, irritability, rejection of home-making role, avoidance of communication, and dependency of mother. Indulgence-Autonomy includes acceleration of development, intrusiveness, fostering dependency, and approval of rivalry.

The items may be answered strongly agree, mildly agree, mildly disagree, or strongly disagree.

PARENTAL ACCEPTANCE SCALE

Blaine R. Porter, "Measurement of Parental Acceptance of Child", Journal of Home Economics, Vol. 46; No. 3, March, 1954. Available from the author at Brigham Young University, Provo, Utah 84601, for 10¢ per copy.

This scale was developed for the purpose of measuring parental acceptance of children. It asks parents to rate themselves on a self-inventory type questionnaire according to the feelings they have and the action they take in relationship to their child. The parents respond by checking one of five multiple choice responses which follow each of the 40 items. The object of the scale is to locate a parent on a continuum ranging from low to high acceptance according to the degree of acceptance which he has for his child.

SHOBEN USC PARENT ATTITUDE SURVEY
E. J. Shoben, "The Assessment of Parental Attitudes in Relation to Child Adjustment", Genetic Psychology Monograph, 1949, vol. 39, pp. 101-148.

The USC Parent Attitude Survey consists of 85 statements to which the parent may respond: strongly agree, mildly agree, mildly disagree, or strongly disagree. Items are in the three scales--Ignoring, Dominating, and Possessive. Sample items are:

D - Parents should never enter a child's room without permission.

I - Parents are generally too busy to answer all a child's questions.

P - A child should always love his parents above everyone else.

OBJECTIVE IIIB

Educate parents in the process of parenting as it applies to their children's education.

We provide parent education to increase parents' ability to meet the needs of their child and to influence the child's learning.

(IIIB) Activity 1	Ask several parents in your program what they would like to learn.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

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Parents often mention the following areas:

1. To understand normal growth and development.
2. To understand the meaning and the value of childhood play.
3. To learn to observe objectively as children work and play.
4. To learn to expand their child's language.
5. To understand the disability and recognize the special needs resulting from it.
6. To gain instructional skills in teaching their child.
7. To discover the talents and abilities of their own children.
8. To provide a home environment that will foster learning.
9. To provide adequate health and nutrition supervision for the child.
10. To learn to manage behavior effectively.
11. To interact and acquire new insights from other parents of handicapped children.
12. To help others in understanding and accepting the handicapped child.
13. To develop a life-long interest in personal education, growth, and improvement.
14. To interact successfully with their child.

Parent education can take a variety of forms:

1. Home-based training with own child
2. Center-based training with children
3. Conference approach (teacher-parent)
4. Group meetings

(IIIB) Activity 2

Home-teaching is the core of many parent involvement programs. Review the following techniques for working with parents at home.

1. Remember that parents are not the same. It is important to individualize for the parents based on their present behavior.
2. Involve the parent in planning appropriate goals for the child.
3. Provide a manageable home program. Set goals at a level the child and parent will accomplish within a short time. (e.g., a week)
4. Model for the parents. Show them, do not just tell them, what to do.
5. After modeling, allow the parents to take over and work on the same activity with the child while you observe.
6. Reinforce the parents. Let them know they are doing it right.
7. Set up some system for the parent to record the child's progress.
8. Use common household materials whenever possible. This supports the concept that learning is always occurring in the home environment.

(IIIB) Activity 3

Parents can be in the classroom as observers or as part of the teaching team. The following observation sheets were developed by the Austin Early Childhood Special Education Program.[12] Their program trains parents to become better observers of their children's behavior.

Choose one of the sheets for a parent to fill out as he or she observes in your program. Remember that parents may observe things you are unable to see. The observation information should be beneficial to you as well as to the parent.

Arrange to meet with the parent following the classroom observation and discuss the observation form. Both of you may have suggestions for altering the observation sheet to provide a better guide for parents to observe with.

Observing an Individual Child

Name of observer ____

Name of child ____

Teacher ______________________ Date __________ Time _____ to _____

Activity while observing ____

Adjustment to School	Yes	No
--Does the child need to be reminded to hang up his coat?	---	---
--Does the child need to be directed to an activity?	---	---
--Does the child work independently?	---	---
--Does he or she show interest in the classroom activities?	---	---
--Does the child need support from a teacher?	---	---
--Does he or she know what to do?	---	---
--Does the child know what is expected of him or her?	---	---
--Does the child try new things?	---	---

Observing an Individual Child

Name of observer ____

Name of child ____

Teacher ______________________ Date __________ Time ______ to ______

Activity while observing ____

Play Activities	Yes	No
--Does the child become involved in an activity without being told?	___	___
--Does the child stay with the activity for ten minutes or more?	___	___
--Does the child switch from activity to activity?	___	___
--Is he or she easily distracted?	___	___
--Does the child get into conflicts over equipment/toys?	___	___
--Does the child prefer to be alone when playing?	___	___
--Does the child approach other children?	___	___
--Does he or she play next to other children with same materials?	___	___
--Does the child prefer to play indoors?	___	___
--Does the child prefer to play outdoors?	___	___
--Does he or she confine play to a narrow area in space?	___	___

Observing an Individual Child

Name of observer ______________________________

Name of child ______________________________

Teacher ____________________ Date __________ Time _____ to _____

Activity while observing ______________________________

Social Development--Interaction with Peers	Yes	No
--Does the child seek out other children?	___	___
--Does the child seek only certain children?	___	___
--Does he or she avoid some children?	___	___
--Does the child take part in group activities with children of the same age?	___	___
--Is the child accepted by the other children in the group?	___	___
--Does he or she spend a lot of time watching other children?	___	___
--Does the child share space, ideas, and equipment?	___	___
--Does the child want his or her own way most of the time?	___	___
--Does the child take a leadership role?	___	___
--Does the child take a follower's role?	___	___

Observing an Individual Child

Name of observer ____

Name of child ____

Teacher ____________________ Date __________ Time ______ to ______

Activity while observing ____

Social Development--Interaction with Adults	Yes	No
--Does the child go to any adult?	___	___
--Does the child go to specific people?	___	___
--Does he or she need to be physically close to a teacher at all times?	___	___
--Is the child comfortable with adults?	___	___
--Is the child friendly with adults?	___	___
--Is the child clinging?	___	___
--Is he or she demanding?	___	___
--Does the child seek adults out for comfort?	___	___
--Does the child avoid being comforted?	___	___
--Does the child ask for help?	___	___
--From only specific people?	___	___
--Does he or she take corrections/limitations well?	___	___
--Does the child resist corrections/limitations from certain adults?	___	___
--Does the child spend a lot of time watching adults?	___	___

(IIIB) Activity 4 Review the following guidelines for a parent-teacher conference. Add any others you think of.

1. Always begin and end the conference with positive comments.
2. Be friendly - provide a relaxed atmosphere .
3. Share schedule and classroom routines with parents.
4. Comments should include ways parents can help.
5. Talk about the child's strengths, as well as problem areas.
6. Elicit feedback from parents on their recent impressions of child's behavior and performance.
7. Cooperatively plan ongoing activities and objectives for the individual child.
8. Have parents sign the conference or progress report.

(IIIB) Activity 5 Organizing a group meeting is a challenging task. Review "Ten Tips For Organizing Meetings".

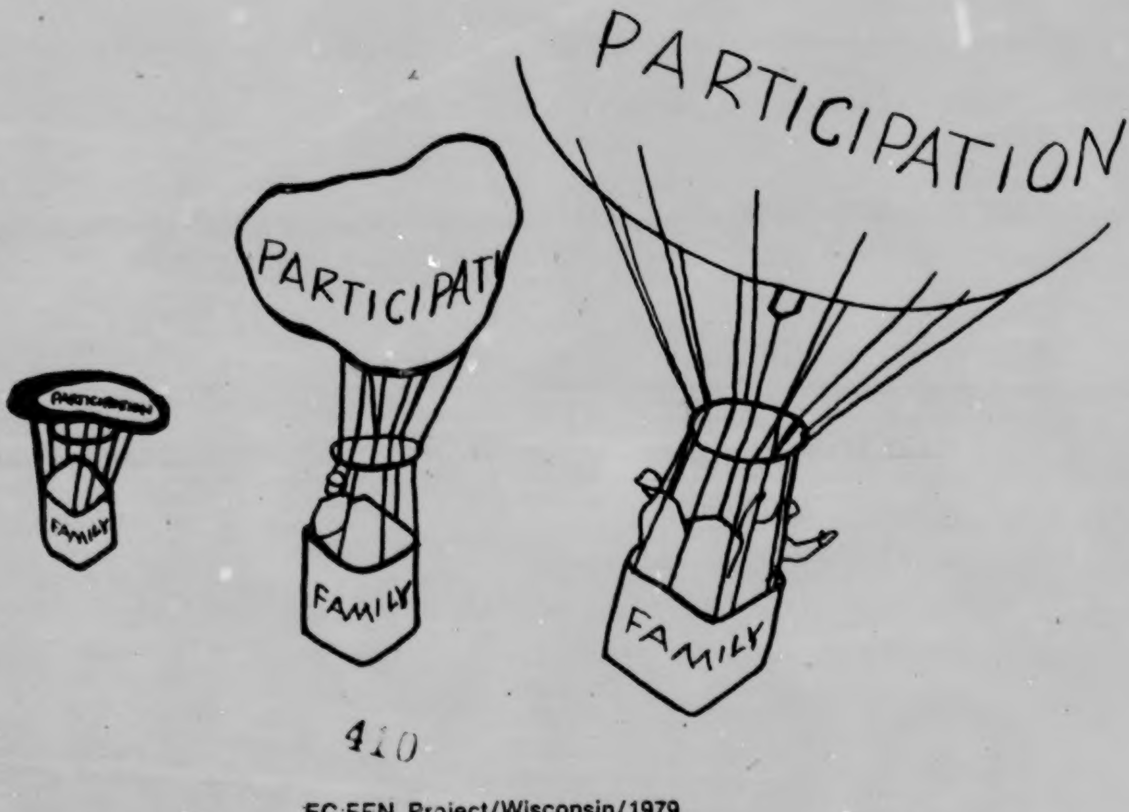
Ten Tips For Organizing Meetings

1. Involve parents in planning.
2. Schedule meetings when it is convenient for parents to attend.
3. Announce "theme" of meeting well in advance. Topic, format, and "things to bring" should be included.
4. Send out reminder of meeting with R.S.V.P. to parents.

5. Follow-up on parents who do not respond with phone call. Arrange for babysitting or transportation if needed.
6. Check with parents on refreshments.
7. An agenda should be establised, but be flexible.
8. Use get-acquainted stratagies at initial meetings to "break the ice".
9. Allow for discussion. Give everyone a chance to talk.
10. Start and end meetings promptly.

GOAL IV

The EC:EEN teacher will encourage and expand family participation in the child's educational program.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OBJECTIVE IVA

Develop an awareness of the variety of ways families can become involved.

(IVA) Activity 1 — Check the types of family participation in your program.

Do you provide opportunities for families to--

___1. serve as volunteer from home base,

___2. serve as volunteer in the center;

___3. chaperone field trips and other community related activities;

___4. use a toy-lending library;

___5. use a reading resource library;

___6. attend parent gatherings;

___7. attend workshops to make materials?

(IVA) Activity 2 — Review the list below and choose one type of participation you would like to initiate or improve upon with the majority of your families.

TYPE OF PARTICIPATION	POSSIBLE METHODS
1. Volunteer from home base	List things parent could do in home to contribute, such as sending snacks, sewing smocks, etc.
2. Volunteer in the center	Prepare bulletin board or tagboard to periodically post volunteer tasks where parent volunteers can sign up for them.
3. Chaperone field trips and other community related activities	List future field trips on bulletin board. Encourage parents to sign up for a date that's convenient for them.
4. Use a toy-lending library	Send a list of materials that could be lent to families and directions for lending materials to all parents.
5. Use a reading resource library	Ask local librarian to give you a list of books available from library that pertain to child care, special education and preschool education and send it out to parents.
6. Attend parent meetings	Involving parents in the planning of these meetings will ensure higher attendance.
7. Attend workshops to make materials	Make a list of "junk" materials that can be turned into instructional materials and request parents to save those items for workshop.

(IVA) Activity 3 It is important to consider strategies for involving all family members. After reviewing the following ideas for family participation, list some ways you could involve brothers and sisters.

The following ideas were shared by teachers at a Parent Involvement Institute.[13]

SUPER STEW--each family brought a can of soup to throw in the pot for the first meeting. Helped "break the ice"--great conversation starter.

THE GREAT PUMPKIN CARVE IN--parents come in once a month for a special project. This was the October project.

MUSICAL MEETING--cake and punch party where "music" was the theme. Involve parents with Hap Palmer and Ella Jenkin's activity records.

CIRCUS DAY--parents set up booths and games for kids--clowns, wagon rides, etc.

LET'S MAKE A DEAL--parent who pledges most volunteer hours gets first pick of three secret gifts.

MATERIALS WORKSHOP--before workshop alert parents to start saving "good junk" (cardboard rolls, meat trays, etc.). Provide workroom with magic markers, construction paper, scissors, etc. Suggestions on making appropriate educational games. (See "Fun In The Making" filmstrip) Can make it a family workshop with everyone helping.

HOMEWARD BOUND--take a walk with or ride home with each child during the school year.

CLASS PLAY--involve parents in the production of a class play. Props, costumes, and other responsibilities could all be taken on by parents. (Some of props might find a permanent place in your room.)

TASTING PARTY--have each parent bring a vegetable or fruit (or "something unusual") to taste.

GRANDPARENT'S DAY--grandparent's invited to share a special day with children. Pre-registration allows teacher time to plan activities for involvement.

SWIM-IN--parent's involved with EC:EEN swimming program. If you don't have a swim program, how about a special "swim-in" at the local pool with the families?

BREAKFAST MEET--meet parents and kids at local restaurant for breakfast, or have kids cook and invite parents in.

COOKIE DAY--during farm animal unit parents came in and made animal cookies with the children.

FAMILY MEETING--teacher uses this term instead of "Parent Meeting" because all family members are welcome.

PICNIC DAY--meet parents at park for a picnic. Parents plan and bring food.

(IVA) Activity 4 Read through the following suggestions and use one or more to enlist active participants as group leaders and project coordinators.

--Recruit parents to develop a community resource handbook.

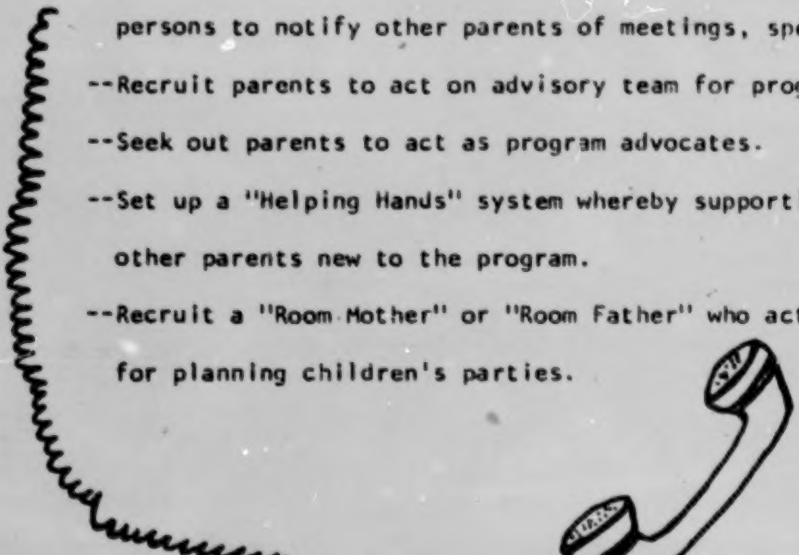
--Establish a "phone-tree" in which some parents agree to be contact persons to notify other parents of meetings, special events, etc.

--Recruit parents to act on advisory team for program.

--Seek out parents to act as program advocates.

--Set up a "Helping Hands" system whereby supportive parents can assist other parents new to the program.

--Recruit a "Room Mother" or "Room Father" who acts as the chairperson for planning children's parties.



OBJECTIVE IVb

Consider ways individual families can increase their level of participation.

(IVb) Activity 1 Review the following examples and then use this procedure to plan for improved participation by your own families.

INDIVIDUAL PARTICIPATION

Present Participation	Desired Participation	Strategies to Improve Participation
1. Mrs. Hathaway:		
a. Brings Timmy to school twice a week, but leaves immediately because Timmy's younger sister is waiting in car.	a. Stay in classroom for 1/2 hour to help with other children.	a. Let Mrs. H. know that it's okay for Timmy's sister to stay in classroom for that time. Use an "Interest Questionnaire" to find out what interests/ talents Mrs. H. has.
b. Never sends milk money.	b. Send milk money weekly.	b. Pin reminder note to Timmy. Remind Mom when she brings Timmy in for school. Explain why it's important for Timmy to have milk.

Present Participation	Desired Participation	Strategies to Improve Participation
2. Mr. Austin:		
a. Has attended 3 or 4 parent meetings.	a. Take leadership role in meetings.	a. break into small groups at next parent meeting and ask Mr. A. to be one of the discussion leaders.
b. Mrs. Austin leads story hour once a week, but just reads story--doesn't involve kids.	b. Involve children in story through questions, acting out story, etc.	b. Find books for Mrs. A. that are especially conducive to these techniques. Share story hour with her and model these techniques for her. Be sure to reinforce her as she begins to involve children.

(IVB) Activity 2

It is extremely important to reward and support individual parents however they have chosen to participate. What are some ways you could support the following levels of participation?

1. Mr. and Mrs. Johnson send Johnny to school every Friday with his home activity chart completed for the week and often request more activities to help him at home.
2. Group of parents contributes greatly to volunteer program in center.

How about these ideas?

1. LETTER WARMER--send a letter to parents complimenting them on their support and enthusiasm.

2. TROPHY DAY--special acknowledgement for parents' contributions to individual and total program. Can be of humorous or serious nature (Mrs. Brown, the best cupcake maker; Mrs. Thom, volunteered most hours).

GOAL V

The EC:EEN teacher will evaluate the effectiveness of family involvement.

Is your family involvement program as effective as it could be? Why? Why not? If not, how can you change it? This section is designed to help you evaluate your family involvement program.

OBJECTIVE VA

Identify a method for the ongoing evaluation of the teacher's family involvement program.

(VA) Activity	It's important to keep track of family involvement. Take a look at the following logs for recording involvement and adapt them for your use.

COMMUNICATION LOG

Date	Parent's Name	Summary of Communication	Recorder's Initial

TRAINING/EDUCATION

Date	Parent's Name	Type of Training Received	Recorder's Initial

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EC:EEN Project/Wisconsin/1979

F-61

F-62

PARTICIPATION LOG

Date	Parent's Name	Type of Participation	Recorder's Initial

OBJECTIVE VB

Elicit feedback from parents on the effectiveness of the family involvement program.

(VB) Activity

A questionnaire is one way of collecting input from parents. Review the following examples and consider using one of them.

End-Of-Year Evaluation
Of Home-Center Activities (to be completed by or with parent)

1. List home-center activities in which you've participated.
2. Which of these activities did you find most beneficial to you? Why?
3. Which of these activities did your child benefit most from? Why?
4. Which of these activities did you find least beneficial to you? Why?
5. Which of these activities did you find least beneficial to your child? Why?
6. List the most important things you have learned this year as a result of the program.
7. What would you like to learn more about?
8. List the most important things your child has learned as a result of the program.
9. Please list as many suggestions for improvement of the present home-center activities as you can:
10. Did you feel that you were involved enough in your child's program throughout the year? Why or why not?

END OF YEAR EVALUATION

To what degree has the parent program helped you to--	Minimal	Average	Excellent
1. understand normal growth and development;			
2. understand the meaning and value of childhood play;			
3. objectively observe my child at work and play;			
4. successfully interact with my child;			
5. expand appropriate language;			
6. understand my child's disability and the special needs resulting from it;			
7. gain instructional skills in teaching my child;			
8. discover the talents and abilities of my child;			
9. provide a home environment that will foster learning;			
10. provide adequate health and nutrition supervision for the child;			
11. manage behavior effectively;			
12. interact and acquire new insights from other parents;			
13. help others understand and accept individuals who are handicapped;			
14. develop a life-long interest in personal education, growth, and improvement?			

NOTES:

1. U. Bronfenbrenner, Is Early Intervention Effective, A Report on Longitudinal Evaluations of Preschool Programs, Volume II (Washington, D.C.: Office of Child Development, United States Department of Health, Education, and Welfare, 1974), p. 55.

2. M. Pankratz, Home-School Contact: A Process (Green Bay, Wisconsin: Green Bay Public Schools), pp. 8-10. Reprinted with permission.

3. B. Kratoville, "The Parents Speak," from Leo Buscaglia, The Disabled and Their Parents: A Counseling Challenge (Thorofare, New Jersey: Charles B. Slack, Inc., 1975), pp. 139-141.

4. P. Lichter, "Communicating With Parents: It Begins with Listening," Teaching Exceptional Children, Winter, 1976, pp. 67-71. Used with permission.

5. Ibid., p. 71.

6. D. Boyd and S. Bluma, The Portage Parent Program (Portage, Wisconsin: CESA #12, 1977), p. 14. Used by permission.

7. W. Osborn, Teacher Guide Idea Book (Houston, Texas: TRACE Co., 1975), p. 41. Reprinted with permission.

8. Ira Gordan, "Self-Help Approach: Parents as Teachers," COMPACT, December, 1979, pp. 32, 33.

9. Ibid.

10. B. Caldwell, "Home Observation for Measurement of the Environment," (2nd ed.), pp. 3-5. Available from Center for Child University of Arkansas 72204. Reprinted with permission.

11. "Evaluation Bibliography" from TADSCRIPT #2, Technical Assistance Development System, Chapel Hill, North Carolina.

12. Adapted from E. Kutac, Observation Training Program For Parents (Austin, Texas: The Austin Early Childhood Special Education Program), pp. 23-27. Used by permission.

13. B. Wolfe, B. May, J. Lange, and J. Herwig, "Activities For Parent Participation" (ideas shared at Parent Involvement Institute, Madison, Wisconsin, June, 1978).

ADDITIONAL RESOURCES:

Abrham, Willard, Living With Preschoolers. O'Sullivan, Woodside and Company, 1976.

Baldwin, V., Fredericks, H., and Brodsky, G., Isn't It Time He Outgrew This: Or a Training Program for Parents of Retarded Children. Springfield, Illinois: Charles C. Thomas, 1973.

Resource for parents and teachers. Specific programs for parents to use to teach theri child using behavior modification techniques.

Becker, Wesley C., Parents Are Teachers, A Child Management Program. Champaign, Illinois: Research Press Company, 1971.

Resource for teachers and parents. Designed to help parents learn to systematically use consequences to teach children through understanding and using reinforcers and punishers.

Boyd, Richard D., Stauber, Kathleen A., and Bluma, Susan M., Portage Parent Program. Portage, Wisconsin: Cooperative Education Service Agency #12, 1977. $10

A set of materials which assists practitioners in the assessment and treatment of parent-child interaction, particularly the development of parental teaching and child management skills.

Braga, Joseph & Laurie, Children and Adult Activities for Growing Together. New York: Prentice-Hall, Inc., 1976. $10.95

Resource for parents and teachers. Describes how games, activities and everyday tasks can become productive learning experiences for children ages 0-6.

Buscaglia, Leo, The Disabled and Their Parents: A Counseling Challenge. Thorofare, New Jersey: Charles B. Slack, Inc., 1975. $10

Cansler, D., and Martin, G., Working with Families: A Manual for Developmental Centers. Chapel Hill, North Carolina: Chapel Hill Training-Outreach Project.

Resource for teachers. Inexpensive resource with excellent information on setting up a parent program.

Coordinating Council for Handicapped Children, How to Organize an Effective Parent Group and Have Bureaucracies. 407 S. Dearborn, Chicago, Illinois, 60605, 1971. $1.50

Resource for parents and teachers. How to get better services and keep your parent group going--concrete suggestions and many examples.

De Franco, Ellen, Learning Activities for Preschool Children. Salt Lake City, Utah: Olympus Publishing Co., 1975. $6.95

Resource for teachers. Activities in developmental areas that can be done at home. Suggestions for working with parents and children.

Diagram Group (Ruth Midgley, Managing Editor) Child's Body, A Parents Manual. New York: Paddington Press L + D, 1977. $10

Resource for parents and teachers. Covers most aspects of child development.

Gordon, Ira J., Baby Learning Through Baby Play: A Parent's Guide for the First Two Years. New York: St. Martin's Press, 1970 $4.95

Resource mainly for parents. Parents guide for the first two years of life. Lists baby games to bring pleasure, security, self-esteem and intellectual growth. Child rearing as a partnership.

Gordon, Ira J., and Breivogel, William F. Building Effective Home-School Relationships. Boston, Massachusetts: Allyn and Bacon, Inc., 1976.

Resource for teachers. Series of articles regarding all phases of home-school relations.

Gordon, Ira J., Guinagh, Bary, and Jester R. Emile, Child Learning Through Child Play. New York: St. Martin's Press, 1972. $4.95

Resource for parents and teachers. Low key approach to games and activities to develop intellectual and physical capabilities of 2-3 year olds.

Gordon, Dr. Thomas. P.E.T. (Parent Effectiveness Training). New York: Peter H. Wyden, Inc., 1970.

Honig, A. Parent Involvement in Early Childhood Education. Washington, D.C.: National Association for Education of Young Children, 1975. $3.00

Resource for teachers. A survey of program models and methods promoting parent involvement, including a discussion of difficulties associated with involving parents, ways to involve parents and a list of further resources.

Kelly, Marguerite, and Parsons, Elia. The Mother's Almanac. Garden City, New York: Doubleday and Co., Inc., 1975.

Covers from birth to five. Includes practical suggestions for handling the realities of parenting. Everything from discipline and independence to cooking, drafts, and other adventures.

Kroth, Roger L. Communicating with Parents of Exceptional Children. Improving Parent-Teacher Relationships. Denver: Love Publishing Company, 1975.

Resource for teachers. Aimed at improving parent-school relationships. Book of techniques with specific suggestions on when to schedule parent-teacher meetings and what materials and information to provide to best serve and improve school-parent communication.

Lehman, Stephan. Help Your Baby to Learn. Englewood Cliffs, New Jersey: 1976. $3-4.00

Piagetian based activities to do with child the first two years of life.

Lorton, Mary Baratta. Workjobs for Parents. Reading, Massachusetts: Addison-Wesley Publishing Co., 1975.

Resource for parents. Activities for children ages 3-7 using materials found around the house. Develops language and number skills.

Mather, June. Learning Can Be Child's Play. Nashville, Tennessee: Parthenon Press, 1976.

Painter, Dr. Genevieve. *Teach Your Baby*. New York: Simon and Schuster, 1971. $6.95

Resource for parents and teachers. Program of simple daily activities covering stimulation of seeing, hearing, smelling and imitation skills; imagination and dramatic play; self awareness; spatial relations, problem solving and language development.

Pankratz, Mary Lou Peterson. *Home-School Contact: A Process*. Green Bay, Wisconsin: Green Bay Area Public Schools,

Parenting in 1977: A List of Parenting Materials. Austin, Texas: Southwest Educational Development Laboratory, 1977.

Perske, Robert. *New Directions for Parents of Persons Who are Retarded*. Nashville, Tennessee: Abingdon Press, 1973.

Resource for parents. Discussion of Parents' feelings about daily living experiences with their children. Divided into four sections: Yourself, Your child, the Family, Society.

Smith, Brian and Smith, Shirley Sutton. *How to Play With Your Children (and when not to)*. New York: Hawthorne Books, Inc., 1974.

Resource mainly for parents. Describes the importance of play in developing the child's personality.

Stein, Sara Bonnett, *New Parents' Guide to Early Learning*. New York: Plume Book--New American Library, 1976. $3.95

Resource for parents and teachers. Shows pattern of development from birth through preschool, when skills appear and suggests ways parents can guide their child to the maximum learning potential.

Teach Your Child To Talk: A Parent Handbook. Developmental Language and Speech Center. Grand Rapids, Michigan: CEBCO Standard Publishing, 1972. $2.95

Resource for parents and teachers. Gives activities, ideas and descriptions for the various developmental levels.

PARAPROFESSIONALS AND VOLUNTEERS

The Early Childhood: Exceptional Educational Needs teacher will assist in the recruitment, selection, training, supervision, and evaluation of paid and unpaid assistants.

Jenny Lange, Chairperson
EC:EEN Teacher
Rio

Mary Jinsky
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EC:EEN Teacher Aide
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Betsy May
Outreach Training
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CESA #13

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EC:EEN Teacher
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Barb Driskill
EC:EEN Teacher
LaCrosse

Marion Metzow
Professor, Early Childhood
U.W. Milwaukee

PURPOSE

EC:EEN teachers all over the state are relying more on paraprofessionals and volunteers to assist them in providing an appropriate education for each child.

There is little argument over the need for additional personnel in our programs (paid or unpaid). The young age of our children alone demands a higher pupil-adult ratio, not to mention the wide variety and degree of handicapping conditions that exist in some centers.

There are more than one hundred EC:EEN teacher aides licensed through Wisconsin's Department of Public Instruction at this time. We are using paraprofessionals, but are we using them effectively?

We have no official count on the number of regular volunteers used in our present programs, but most communities are not taking full advantage of the resources for volunteers. "How do you find and keep good volunteers?" is a question often asked.

When acquiring additional staff, the teacher must rethink her or his own role. Suddenly, the "lone" teacher becomes a "lead" teacher who must shuffle three schedules at once, devise new charting methods, organize training workshops, juggle timetables, and match up assignments with assistants. And, that's just the beginning. More subtle responsibilities, such as facilitating interpersonal communication and encouraging mutual respect among your staff, become an everyday concern.

Research on the use of aides and volunteers in special education is limited. However, a recent study involving "Identification of Competencies of Teachers of the Severely Handicapped" is worthy of mention. Research from Oregon State University indicates that what matters most in a classroom of the severely handicapped is the teacher's ability to effectively use volunteers and aides so that instruction time between adults and children is maximized.[1]

To ensure optimum achievement in our programs, we must possess the skills needed to recruit, select, train, supervise, and evaluate paraprofessionals and volunteers.

This module deals with the development of these skills. It may be used as an informative source, but it will be most effective when used in a group situation. A workshop setting would be ideal for sharing viewpoints and impressions of the materials and information presented. Supervisors will find they have much to gain and give in this module since some of the specific objectives require their support and input. Other activities suggest shared responsibilities for teacher and supervisor.

We realize each situation will be different and we are not attempting to supply you with "pat" answers. Hopefully we can give you plenty of "sparks" so that you can find techniques that will work for you.

PARAPROFESSIONALS AND VOLUNTEERS

The Early Childhood: Exceptional Needs teacher will assist in the recruitment, selection, training, supervision, and evaluation of paid and unpaid assistants.

GOAL I	GOAL II	GOAL III	GOAL IV
The EC:EEN teacher will help recruit and select assistants.	The EC:EEN teacher will develop and implement procedures for the training of assistants.	The EC:EEN teacher will develop and implement procedures for the supervision of assistants.	The EC:EEN teacher will evaluate assistants.
The EC:EEN teacher will be able to:	The EC:EEN teacher will be able to:	The EC:EEN teacher will be able to:	The EC:EEN teacher will be able to:
Objective A justify the need for additional assistance.	Objective A orient assistants to the program.	Objective A facilitate positive interpersonal communication among staff.	Objective A use a formal assessment tool to evaluate staff performance.
Objective B recruit, interview, and select applicants for the position of paid assistant.	Objective B share instructional responsibilities with new paid or unpaid staff members in a gradual and orderly manner.	Objective B manage time efficiently throughout the daily program.	Objective B periodically provide written feedback on performance to assistants.
Objective C recruit, interview, and place volunteers appropriatly according to needs and abilities	Objective C provide inservice training for assistants.	Objective C implement an effective communication system to relay instruction to and receive information from assistants.	

GOAL I

The EC:EEN teacher will help recruit and select assistants.

"Why do you need more help? How will you find a competent assistant? What will you be doing that you couldn't do without extra help? How will the children benefit?"

These are some of the questions teachers receive when they ask for additional assistance. The following materials will address these questions and many more related to the acquisition of additional staff.

OBJECTIVE IA

To justify the need for additional staff.

(IA) Activity 1 List three reasons for acquiring additional staff.

Did you consider these?

A. To relieve the professional staff of non-teaching duties.

1. Clerical/typing
2. Housekeeping
3. Construction and Preparation of materials
4. Transporting children from activity to activity

B. To provide needed services to individual children.

1. Allows one-to-one ratio/with child to develop specific skills
2. Frees teacher to work with individuals by having assistant work with groups

Just as every child is different, so is each EC:EEN program. Thus, the reasons for acquiring additional assistance will vary from program to program. Perhaps we should back up and look at the rules concerning EEN aides in general.

(IA) Activity 2

Are you familiar with Wisconsin Law in regard to the acquisition of Special Education Program Aides? Check your knowledge of PI 11.29 by answering these questions. Then read the excerpt from the statutes below to verify your answers.

1. Use of a special education program aide shall not be approved where the enrollment has increased to a point where a second teacher should be employed. True False

2. A school bus aide may be provided when there is evidence that an aide is necessary to ensure the safety of the children. True False

3. It is the department's intent that all units are provided with a special education program aide. True False

Excerpt from Rules Implementing Subchapter IV:[2]

PI 11.29 SPECIAL EDUCATION PROGRAM AIDES. (1) POLICY. To ensure that all instructional units have adequate support services the LEA may utilize a special education program aide when appropriate. It is not the department's intent that all units are provided with a special education program aide.

(2) ELIGIBILITY. Eligibility for special education program aide shall be based on the following:

(a) Evidence of an enrollment increase beyond the recommended maximum in the particular program type/level of program unit. (PI 11.21 (1)(c)).

1. Use of a special education program aide shall not be approved where the enrollment has increased to a point where a second teacher should be employed.

(3) EXCEPTIONS. Exceptions shall be approved based on the following:

(a) Evidence that use of a special education program aide is necessary to assist with certain children who might otherwise be difficult to manage or difficult to educate.

(b) Evidence that use of a special education program aide is necessary on school buses to assist in management control where there are reported problems and the safety of the children is a factor.

(c) Evidence that a special education program aide is necessary to assist a physically handicapped child to accommodate to a regular classroom situation.

(d) Exceptions covered under PI 11.29 (3)(a), (b) and (c) shall require prior approval from the division.

(4) REIMBURSEMENT. The department shall reimburse the employing LEA for the salary and fringe benefits of certified special education program aides at 70% (PI 11.35 (2)(a) 1.) when the following criteria are met:

(a) For the first year, a written plan shall be submitted by the LEA to the program area supervisor. The program plan shall include the following elements:

1. Program rationale.
2. Clearly articulated need.
3. Aide role and function.
4. Work schedule.
5. Any other information requested by the division.

(b) Need for this position shall be reviewed yearly.

(c) Reimbursement for this position shall be contingent upon prior approval of the program area supervisor.

(5) SPECIAL EDUCATION PROGRAM AIDE REQUIREMENTS. The individual shall hold a 3 year license as a special education program aide.

(6) SUPERVISION. In the classroom, special education program aides shall be under the direct supervision of a certified special education teacher. In cases where special education program aides are not functioning in the classroom, they shall be under the supervision of a director or supervisor or both.

(a) Use of this position shall not reduce, remove or transfer the teacher's authority or responsibility.

(IA) Activity 3 List specific rough spots or weaknesses in your daily program that could be "smoothed over" with an "extra pair of hands."

Example:

TIME	"ROUGH SPOT"
8:30 - 8:50	ARRIVAL-- When we take the kids off the vans, there are never enough hands to help. If Mary doesn't take off on us, Kevin does. I have to carry Tina and someone has to help Timmy with his walker...and when we reach the steps...HELP!
8:50 - 9:10	BATHROOM--Tina needs to be physically supported on potty chair. Jim often needs one-to-one adult contact to settle down after the bus ride. Must supervise other children at same time...Whew!

(IA) Activity 4 Gather data to substantiate your need for assistance. To gather time estimates for the outline below, divide your class time into hourly slots on a piece of paper. At the end of each hour write down the activities in which you were involved. After a week, go back and catagorize each slot of activities using the divisions below. Tally up the hours.

A. Non-teaching activities Amount of Time
   1. Clerical ____________
   2. Housekeeping ____________
   3. Construction of materials and consumables ____________
   4. Setting up room for activities ____________
   5. Transporting children from activity to activity ____________
B. Teaching activities where there is a need for assistance
   1. One-to-one ratio with child ____________
      a. Individualization for skill development ____________
      b. Positioning and placement ____________
      c. Feeding programs ____________
   2. Group activities where additional staff is needed
      a. Guiding daily group routines ____________
      b. Providing supervision during child-centered activities ____________
      c. Tutoring small groups ____________
   3. Maintaining behavior management programs
      a. Recording data ____________
      b. Aiding with reinforcement schedules ____________
      c. Provide controls for child who requires such assistance ____________
C. Teaching activities where assistance is not needed ____________

TOTAL ____________

(IA) Activity 5 — Review the following duty list for an assistant. Revise or add to the list to adapt it to your own room.

DUTY LIST

Clerical Duties

1. Type newsletters
2. Attendance records
3. Duplicating materials
4. Collection of money
5. Filing correspondence, reports, etc.
6. Typing letters and reports from teacher's notes
7. Maintain routine measurements of children
8. Keep inventory of classroom equipment and materials
9. Ordering and returning AV equipment teacher requires
10. Screen phone calls for teacher during instructional periods
11. Requisitioning supplies for teacher
12. Operate AV equipment
13.
14.

Housekeeping Duties

1. Wash toys that have been mouthed daily
2. Replenish any first aid supplies so the kit is always ready
3. Empty potty chairs--clean and disinfect daily
4. Repair torn books
5. Maintain an orderly arrangement of the classroom
6. Check out library books teacher has requested
7. Return library books before due date
8. Notify janitor when furniture is broken or become unsafe (i.e. nails jutting out, sharp corner on table, etc.)
9. Change diapers
10.
11.

Construction of materials

1. Make a height chart
2. Make monthly calendar
3. Prepare games for children's use
4. Prepare bulletin boards as directed
5. Make materials for instructional use
6.
7.

Preparing Physical Environment

1. Making clay for housekeeping center
2. Mix paint for both sessions
3. Arrange materials for accessibility

4. Set up learning centers
5. Prepare AV materials (screen, overhead, etc.)
6. Organize picture file for teaching units
7. *Set up obstacle course*
8. Prepare classroom for the following day
9.
10.

Assisting the physically handicapped preschoolers

1. Lift K.W. off bus into wheelchair
2. Position child according to P.T. charts
3. Assist with feeding program
4. Remove K.W.'s coat and cap and assist him in dressing
5. Assist in toileting M.L.
6.
7.

Instructional-related Duties

1. Reinforcing language concepts during free choice
2. Leading Calendar Time
3. Reading and Storytelling
4. Reinforcing individual skills
5. Stimulate play activities
6. Teach a specific task to a small group
7. Assist teacher in large group activities
8. Arrange field trips as directed by teacher
9.
10.

Guiding Daily Group Routines

1. Guide children through "picture check-in"
2. Toileting the children
3. Assisting with Snack Time--feeding program
4. Assist the children with their clothing when necessary
5. Supervise the children as they carry out assigned chores
6. Provide transitional activities during "gaps" (i.e. Fingerplays)
7. Supervise children on playground
8. Assist children in displaying their work
9.
10.

Maintaining Behavior Management Programs

1. Carry out charting for program
2. Providing consistant cues
3. Providing controls for child
4. Redirects behavior that is not appropriate
5. Observing children
6. Data Collection
7.
8.

Maintaining Parent Involvement

1. Share child's experiences with parents
2. Model teaching-strategy for parent (as directed by teacher)
3. Relate warmly to family and always make them feel welcome
4.
5.

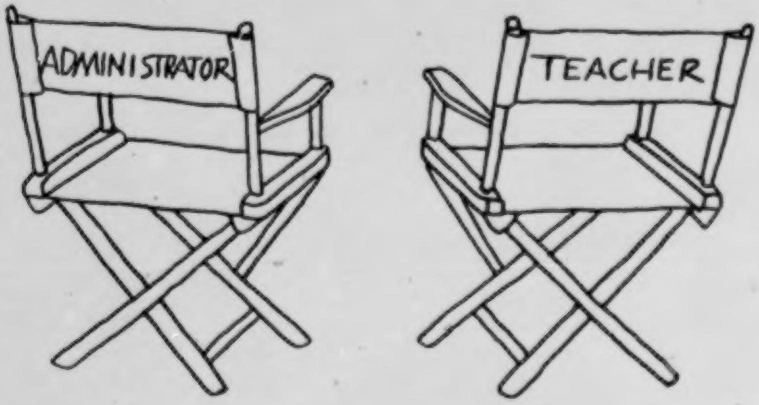
(IA) Activity 6 — Present information gathered in the above activity to your supervisor or administrator to justify the need for additional assistance.

OBJECTIVE IB

To recruit, interview, and select applicants for the position of paid assistant.

This objective implies a shared responsibility between the administrator and the teacher. We realize each situation will be different, thus your degree of involvement will vary.

Sit down with your administrator and discuss what role you will play in the process.



(IB) Activity 1

Due to the surplus of teachers, there appears to be no present problem of finding qualified assistants. In one study, nearly half of the Wisconsin EC:EEN aides polled had four-year degrees in education or a closely related field. The administrator will probably elect to use the local school district's recruitment procedures.

Using the school district's standard application form is very appropriate. An additional sheet prepared by the teacher and administrator could provide an additional screening mechanism. This form should list the state's requirements for a Handicapped Children's Aide (883).

Read the following description of the state's requirement's for a Handicapped Children's Aide (883).[3]

B. HANDICAPPED CHILDREN'S AIDE (883) Wisconsin Administrative Code sec. PI 3.03 (11)(a)

A handicapped children's aide license may be issued to a person serving as a teacher's aide or para-professional assigned to a special education program or service supported by the handicapped children's services division. Role and function will be determined by the professional educator whom the handicapped children's aide assists and may encompass clerical, housekeeping, supervisory or instructional assistance depending upon the competency, background and training of the specific teacher aide or para-professional.

For the 3-year license, the applicant must be at least 18 years of age and have completed one of the following:

1. Three years of college coursework.

or

2. Three years' experience supervising youth activities.

or

3. Complete an Approved Program in child care development.

or

4. A combination of 1, 2, and/or 3 equivalent to three years.

(IB) Activity 2

Prepare an application form specifically for the EC:EEN paid assistant. In addition to asking if the candidate meets the state's requirements, seek out information on related coursework, references, health status, and specific skills and interests. Include any questions you think would be helpful for purposes of screening. A sample application follows. Feel free to duplicate for your own use.

Your criteria for screening may simply be to eliminate those application forms that do not meet the state's requirements.

For those of you who have many applicants pounding at your door, some type of additional screening may be necessary.

(IB) Activity 3

Review the screening scale for applications below. Does this appear to be a fair method for screening application forms? If not, revise the scale as you see necessary.

Point system:

not adequate		adequate		more than adequate
1	2	3	4	5

Those who receive a 10 or higher are granted an interview.

Sample Screening: Applicant: J. Brown

AREA					
Experience with handicapped children	1	2	[✓ 3]	4	5
Experience with preschoolers	1	2	3	[✓ 4]	5
Education related to special ed.	1	[✓ 2]	3	4	5
Education related to preschool ed.	[✓ 1]	2	3	4	5
Clerical ability & other skills	1	2	[✓ 3]	4	5

Total 13 pts.

APPLICATION FOR TEACHER AIDE POSITION

Name (please print) ______________________________

Address ______________________________

Telephone ______________________________

Health Status: poor/fair/good/excellent

Any physical limitations? ______________________________

Education:

Type	No. Years Completed	Date Of Graduation	Name of School and Location
Elementary school			
High School			
Other (include college, vocational schools, etc.)			

List any Early Childhood and Special Education courses you have taken:

____

____

____

Experience:

List all your experiences related to teaching, including the supervision of structured youth activities. Also list the length of service in each area.

____

____

____

____

____

____

Application for Teacher Aide Position, p.2

Special Skills or Interests

Arts/Crafts ____

Dramatics ____

Music/play piano? ______________________ Sing? ____________

Science ____

Clerical/typing? (list w.p.m.) ______________________________

Other hobbies or interests ___________________________________

____

Personal references: Name Address Position Phone

1. ____

2. ____

Why do you want to be a teacher aide in an EC:EEN center?

____________ ______________________________
Date Applicant's Signature

The administrator is usually responsible for explaining the salaries add benefits to the screened applicants, but you, too, play an important part in the interview. You must provide the candidate with a realistic description of the aide's role. The duty list you prepared in (IA) Activity 5 can be used during the interview to explain the responsibilities of the aide. It's also important to share the general philosophy and goals of the EC:EEN program.

Use questions about attitude, personal qualifications, and an understanding of child management to seek out the information you desire.

(IB) Activity 4

Review the interview questions below. Questions 1-8 concern personal traits, and the ability to express thoughts effectively. Revise these questions, adding and deleting as you see necessar, Don't stop until you feel comfortable with all the questions.

INTERVIEW QUESTIONS

1. Of the child-related experiences listed on your application, which did you enjoy the most? Why? (This is not only a good way to spin off from the written application, but these answers may suggest specific areas where the condidate can be of most value to you.)

2. What are your short range plans? (May help give you an idea where the candidate will be six months from now. You may not want to hire and train an aide who plans to move in three months.)

3. What job would you choose if you had the freedom to do so? (This may reveal the applicant's true interests and desires. If the desired occupation fails to touch upon children or education in some manner, the applicant may not be content with this position for very long.)

4. What do you feel is your major strength in working with children?

5. Is there any aspect in working with children that you feel weak in and would like to improve upon? (These questions can serve as an indicator of self-confidence and the ability to evaluate oneself honestly.)

6. What kinds of duties would you expect to do as an aide in this program? (Will give you an idea of whether both of your expectations coincide.)

7. What do you think is the role of the parent in education?

8. Which of your qualities will ensure your effectiveness in the team approach?

(IB) Activity 5	The remaining questions dealing with the applicant's knowledge of children's behavior and attitudes towards child management may be administered in the verbal interview or in written form. Review the following questions and consider the types of answers you would consider acceptable from a candidate.

1. Five-year-old Maggie grabs Tommy's stuffed bear out of his arms. He immediately lets out a yelp and pulls it back. Maggie begins to shout and scream. The adult supervising these children should______

2. Dad walks into the room and is surprised to find Tom playing nicely with his little sister. What would be a good thing for dad to say?

3. Jimmy sat down by Mrs. Johnson during playtime and asked her to watch him tie his shoes. He had practiced over the week-end. Mrs. Johnson watched him struggle over his left she for five minutes before he finally tied it correctly. Mrs. Johnson should______

4. Billy's toys need to be picked up before he leaves the play area. Billy stalls and stalls until the other children pick up his toys and return them to the shelf. To prevent this problem from occuring again the teacher decides to______

5. Linda is pounding on her workbench when Mom says, "You must play quietly when the baby is sleeping." Linda shakes her head and continues to pound. Now mother says, "Stop now or I'll take it away." Linda keeps pounding but not as loudly as before. Mother should______

6. At what age should a child be toilet-trained?______

7. Anna is supervising a group of children at the sand box when she notices a peculiar odor. She moves around the children until she finds the source of the odor, Jimmy. As she bends down to Jimmy the little girl next to him shouts, "Ich...Jimmy pooped his pants." What should Anna do?

(IB) Activity 6

One way to compare applicants is to use a rating scale to score responses in categories that are important indicators of job success. An example of a rating scale follows. Review it, and make any changes you think would make it better. (Assign "Possible Points" according to your own specific needs in an aide. One set of point values is included.)

(IB) Activity 7

You're all ready to interview. Ask a colleague to fill out an application blank and then role-play an interview scene with you. Use the questions you have prepared. Remember to provide an explanation of the goals and philosophy of the program and a description of the aide's role. Fill out the interview rating form. Now switch roles and play the role of the applicant yourself.

(IB) Activity 8

Unfortunately, teachers do not always have the opportunity to interview perspective assistants so thoroughly. Nevertheless it pays to be ready.

> At ten o'clock in the morning the principal knocks on your classroom door. Someone just dropped in the office to inquire about the aide's position that's open for the EC:EEN room. The principal has already talked with her, and thought you'd like to meet her.

Are you ready? You've got five minutes to spend with the applicant. What three questions would be the most important ones to ask?

A RATING SCALE FOR INTERVIEWING

	Possible Points	Points Scored
BACKGROUND in working with children and education related to field	20	
UNDERSTANDING of child behavior and management techniques	24	
PERSONAL traits as conveyed in the verbal interview (self-confidence, tact, courtesy, sensitivity, cooperative, creative, etc.)	18	
COMMUNICATION ability to express thoughts effectively in written communication and verbally (tone, volumne and articulation)	14	
ADDITIONAL SKILLS clerical ability (typing) musical ability (singing or instrument)	14	
HEALTH status physical stamina, appearance, posture, grooming, etc.	10	

Selecting the right person for the job is extremly important to you and the children. It would be ideal to see the candidates "in action" before making a final selection, but it's not always possible.

It is possible to hire an individual for a probationary period. This gives both you and the aide a chance to determine the suitability of the placement.

OBJECTIVE IC

To recruit, interview, and place volunteers* appropriately according to needs and abilities.

"How do you find them?" Ironically enough the "prime" candidates for volunteer work are often right under our noses. One teacher who needed help during the children's arrival observed that after delivering the children, one of the drivers often parked his car under a shade tree and pulled out a book. When she asked the driver about this, he told her he didn't go back home anymore because of the distance: he'd just get home and then he'd turn around and come right back to pick up the children. After the teacher explained her problem with "arrival," he was delighted to help and, in fact, he became the program's most dependable volunteer.

Keep your eyes open for those opportunities. Sometimes people are just waiting to be asked.

The volunteer source tapped the most is parents of children in the program, and rightly so. Family participation will improve the child's total program. (For more information on this topic, see the module on Family Involvement.)

* Check with local administrators on policies regarding utilization of volunteers (e.g., insurance coverage, supervision required, parental consent).

Students of all ages can be excellent volunteers, although high school and university students are presently the most used in our programs. Other possibilities are senior citizens, Jaycees, PTA members, church guilds, Kiwanis, Lions, and Optimist club members.

Your geographic location may suggest the closest sources of "people power." An EC:EEN program located in a church basement recruits members of the Ladies Aide to make materials for them. One program located near a high school recruits high school seniors to tutor children. Another program uses second graders to read stories out of their readers.

(IC) Activity 1	Make a list of local community organizations, churches, private and public schools, and professional societies that operate in the area. If you are unfamiliar with your city, call the Chamber of Commerce and request a map and a list of the above. (If no one answers at city hall, take out the phone book and "let your fingers do the walking.")

Your method of recruiting will depend on the size of your program and the community. Remember that in some communities the most effective method is "to spread it through the grapevine."

If word-of-mouth does not suffice, other strategies for disseminating information with the intent of recruiting are offered below:

1. Personal appearance. Develop a slide-tape presentation with music; illustrate purpose of program and what you do with children.

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2. Public service announcements for radio or radio talk shows. Develop 30-second spots such as:

   Can you tie a shoe, tell a story, give a warm smile? The

   ________________Early Childhood program of ________________,

   Wisconsin, which serves young children with exceptional

   Educational Needs, is interested in volunteers to help with

   their program. Gain the satisfaction of watching a young

   child succeed at a task with your help. Contact________________

   at____________________ or call__________________________.

3. Posters or bulletin boards. Include:

   Who should volunteer

   What the program is

   Why you should become involved (rewards for the individual participating)

   Where and when to get information

   Slogan or emblem of program (see attached example)

4. Newspaper articles or community "flier"

   1) Feature article

      a) Program narrative on type of children you work with

      b) Program history - need for early intervention, etc.

      c) Looking for volunteers to help provide better services for these young children

      d) Kinds of activities that volunteers could do (outside of classroom as well as within)

      e) Rewards for volunteers

      f) Where to get more information

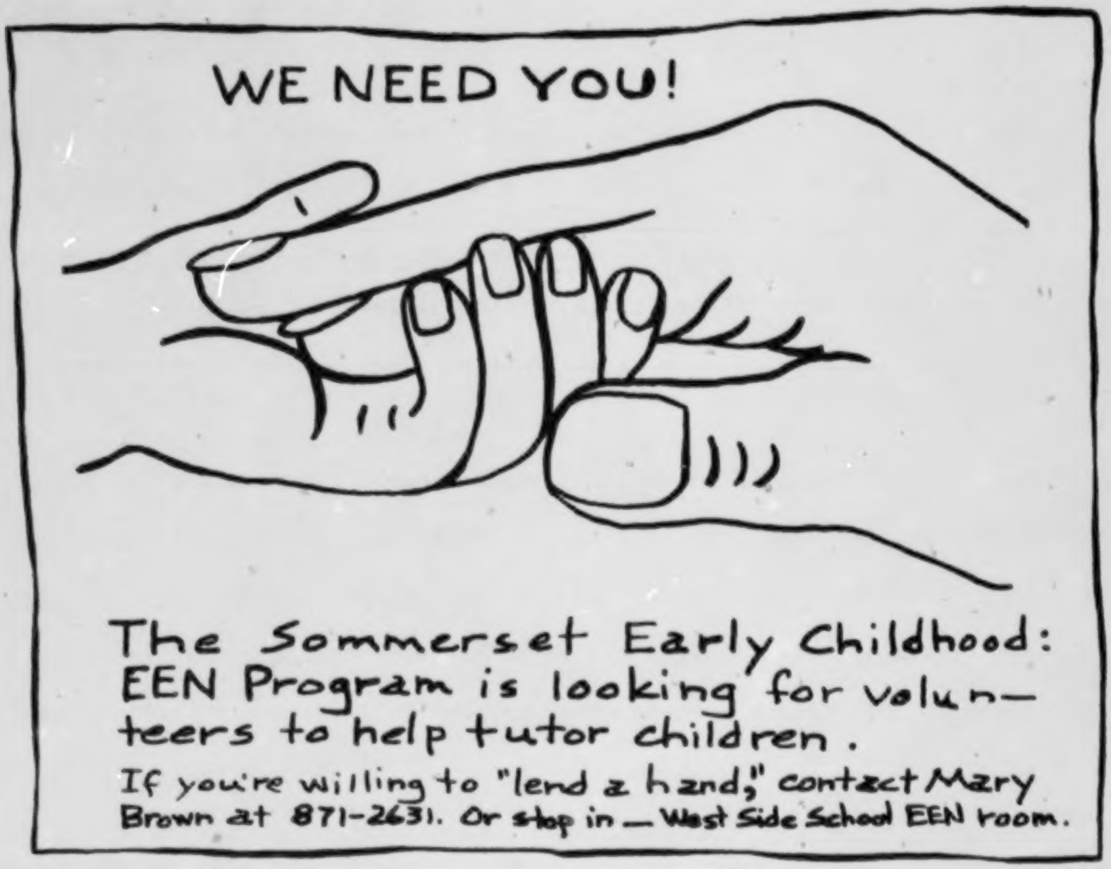
   2) Newspaper advertisement (message similar to radio announcement)

      a) Get their attention

      b) Describe program

      c) Tell why they should become involved, rewards for them

      d) Whom to contact for more information



WE NEED YOU!

The Sommerset Early Childhood: EEN Program is looking for volunteers to help tutor children.

If you're willing to "lend a hand," contact Mary Brown at 871-2631. Or stop in — West Side School EEN room.

(IC) Activity 2 — Choose one of the above strategies and develop it for your own program. Remember to include title of program, type of children and age level, location of program and time volunteers are needed.

(IC) Activity 3 — Use the "EC:EEN Volunteer Form" with one of your volunteers. Change it to make it a tool you can use regularly.

When a volunteer contacts you (or you contact them) an informal interview will help determine in what way the individual could make the greatest contribution to the program.

The teacher is responsible for explaining the general goals and philosophy of the EC:EEN program to the volunteer. (Keep the interview informal and flexible or you'll scare your volunteers away before you even get started.)

As an interviewer, the teacher must receive information about the volunteer. An application form is often used. The form is filled out by the volunteer before the "interview" actually starts.

You will be looking for a willingness to commit time and energy in behalf of young children with handicaps. If the volunteer is willing to make this commitment, he or she should be used in some aspect of the program. If the interviewer does not feel the volunteer would be effective in working directly with children, there are other responsibilities the volunteer could take on.

EC:EEN VOLUNTEER FORM

DATE ____________________

NAME ____

ADDRESS ____

PHONE ____

EDUCATIONAL BACKGROUND ____

____

VOLUNTEER EXPERIENCE ____

____

SPECIAL SKILLS OR INTERESTS

Arts/Crafts	Science
Dramatics	Physical Education
Music	Clerical

Other hobbies or interests ____

____

DATE OF LAST PHYSICAL EXAMINATION ____________ CHEST X-RAY ____________

PHYSICIAN ____

ANY PHYSICAL LIMITATIONS ____

____

TIME AVAILABLE TO VOLUNTEER:

M	Morning	Afternoon
T		
W		
T		
F		

COMMENTS FROM INTERVIEW:

EC:EEN Project/Wisconsin/1979

GOAL II

The EC:EEN teacher will develop and implement procedures for the training of assistants.

Formal training of paid and unpaid staff has been rare. Much can be said for on-the-job training, but many initial mistakes could be prevented if your staff received some type of pre-service training. Consider the waste of the teacher's "classroom time" to explain a procedure three times to different assistants. Pre-service training would allow time to answer questions and explain basic procedures all at one time with the group. A formal orientation gets everyone started on the right foot, including the teacher, who can relax knowing that everyone understands the basic procedures and rules.

Formal inservice training provides a structured means for the continued growth and improvement of staff members. As they acquire new ideas and new information, their professional growth will benefit the program. Staff improvement will result in program improvement.

OBJECTIVE IIA

Orient assistants to the program.

(IIA) Activity 1

You have one day to hold a formal pre-service program for one aide and three adult volunteers. The principal and staff can spend one hour with your new staff on that particular day. Prepare a tentative outline for the pre-service day, including session topics (with explanations if necessary). An example outline follows.

Suggested Outline

8:00 Brief Tour of the School. Be sure to point out bathroom and lounge.

8:30 Welcome Aboard. Review of school-related information and policies.

9:00 Background, philosophy and general goals of program

10:00 Who's who? All staff members related to the program are introduced and their roles and responsibilities are described.

11:00 Daily Program Typical schedule is explained from the viewpoint of a child.

11:30 Informal Lunch

12:30 Tactful Tips. Helpful pointers for the newcomer followed by discussion of desirable characteristics of assistants.

1:30 Rules of the Roost. Observation of videotape of children from previous year. Shows the need for general rules of the room. Ask assistants to list the rules as the teacher mentions them on the video. Reflects a typical day, routine schedule. This is also a good way to learn the names of the children who are returning.

2:30 Cues on Kids. Techniques for managing behaviors will be discussed. In addition, any assistant who will be working with one specific child will receive information regarding the child's strengths and weaknesses, the child's interests and effective reinforcements for the child.

3:30 Look and Learn. Opportunity for newcomers to browse around the room, familiarizing themselves with materials, location of supplies, posted information, etc.

4:30 Glad you're with us. See you tomorrow!

(IIA) Activity 2

If you were unable to provide a structured pre-service, some of the above information could be relayed in written form. Develop one of the topic sessions into a list, handout, poster, or any other means of relaying the information described. Here are some suggestions:

Session	Alternative in written format
Tour of School	Provide map with own room, restrooms, and lounge marked.
Welcome/School-related info.	Ask for this information to be sent to assistants from school office (i.e. school calendar, policies).
Who's Who?	Prepare a staff directory that includes a brief description of each member's role and responsibilities.
Daily Program	Outline a typical day on a flow chart with times included.
Tactful Tips	Prepare a list of tips for the newcomer to the EC:EEN classroom, such as "Keep any information you acquire about students and their families confidential."
"Rules of the Roost"	Prepare a list of general rules the adults will enforce throughout the day such as "Water is restricted to the watertable."
Cue on Kids	Post this information in a handy place for periodic review. A cue on Benny might say, "I'm left-handed so don't forget to give me the green scissors. I must always wear my helmet when I play outside."
Behavior Management Techniques	Present suggestions on a poster for effectively managing behaviors. Display it for handy reference.

(Some examples follow)

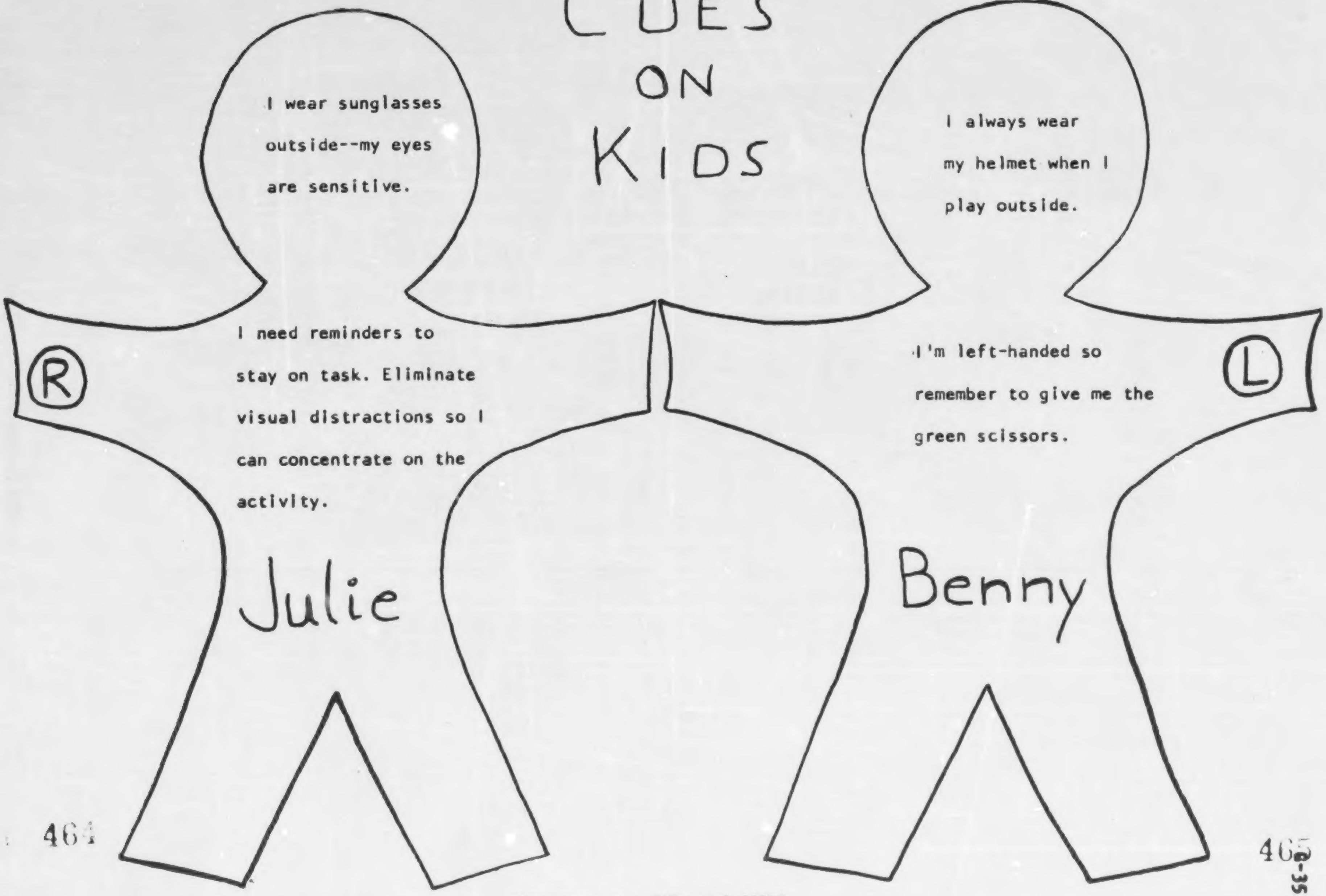
TACTFUL TIPS

1. Present a good model for appropriate manners.
2. When you're communicating with children get down so you are on their eye level.
3. Present a good language model. Speak clearly with your face visible to the children.
4. Use vocabulary appropriate to the child's level of understanding. When using a new word explain it, or better yet, show it!
5. Give physical assistance to children only when they require it. (Remember that verbal reminders or a visual cue like pointing are ways of helping, too.)
6. When seeking compliance from a preschooler state your direction in a simple command: "Sit down on the rug." If you state this direction as a request, "Will you sit down on the rug?" you're allowing a choice. If the child says "NO" you're stuck.
7. Be aware of the total situation, taking care not to contradict directions given to children by other staff members.
8. Give children a warning before telling them they must move on to the next center.
9. Keep cool if an emergency arises. A moderate tone and steady handling of the situation will comfort all concerned.
10. Specific medical information on children is listed on bulletin board in the red folder. (medications, allergies, seizure procedures, etc.) Read it!
11. If you have a question about a child's handicap, please save it and ask the teacher when the children are not present.
12. Classroom time is valuable! Avoid idle conversation with the other adults. Stick to your assigned task and "tune in" to the children.
13. Keep any information you acquire about students and their families CONFIDENTIAL!
14. If you need to leave the room, tell the teacher where you are going. Of course, no child should ever be left unsupervised.

"RULES OF THE ROOST"

1. Children are expected to use tables, chairs, bookcases etc. for their intended purposes.
2. Water is restricted to the watertable and sink.
3. Sand is restricted to the sandtable.
4. Toys must be replaced in labeled cupboard before leaving the play area.
5. Label children's drawings and paintings in the upper left hand corner. Be sure about the spelling and use manuscript letters.
6. Block-building is restricted to the carpeted area.
7. Easel painting: Two children at a time. All children wear smocks when painting.
8. The health and safety of the children are a primary concern at all times. If a child appears to be in a potentially dangerous situation, remove the hazard or remove the child from the situation.

CUES ON KIDS



Ⓡ

I wear sunglasses outside--my eyes are sensitive.

I need reminders to stay on task. Eliminate visual distractions so I can concentrate on the activity.

Julie

Ⓛ

I always wear my helmet when I play outside.

I'm left-handed so remember to give me the green scissors.

Benny

Behavior Management Techniques

1. Make positive suggestions when attempting to change behavior. For example: "Put the colors in the box," rather than "Don't throw the colors."
2. Follow through with directions and commands.
3. Remember to reward children with praise, attention and/or physical contact.
4. Use reminders rather than questions when children forget to follow a direction. (Non-verbal cues are reminders, too.)
5. Share the children's enthusiasm and excitement over their interests and accomplishments.
6. Try to find ways for children to meet limits without embarassing or shaming them.
7. Tolerate annoying behaviors when they are not damaging to others or to the children themselves.
8. Praise children for efforts as well as accomplishments.
9. Re-direct children from undesired behaviors by substituting toys or activities related to the child's interests.
10. Foresight is the most effective way of handling problems. Learn to foresee and prevent, rather than mop up after a difficulty.

OBJECTIVE IIB

To share instructional responsibilities with new paid or unpaid staff members in a gradual and orderly manner.

(IIB) Activity 1

Review the following "Observation Guide" for the assistant to fill out the first day on the job. Make any additions or changes you think would improve it.

CLASSROOM OBSERVATION GUIDE

1. List each child's name with a characteristic that will help you remember it.
2. What were the daily routines you noticed?
3. How were the children grouped for small group instruction?
4. How did the class move from one activity to another?
5. In what ways do you see yourself helping?
6. Any questions about what you saw?

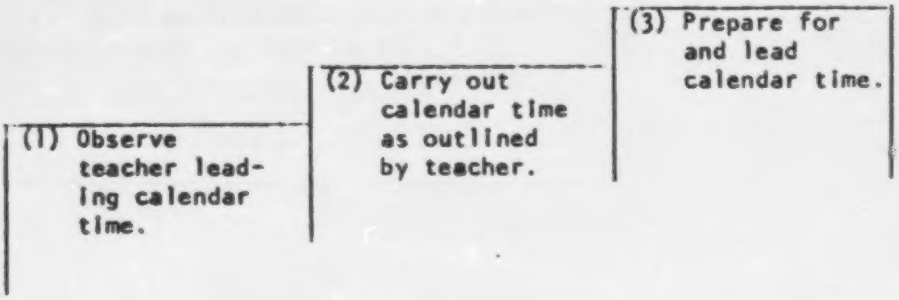
For additional observation guides see the Family Involvement Module.

(IIB) Activity 2

Set up an initial "phase-in" period for hands-on responsibilities. Choose two of the instructional responsibilities you eventually want your assistant to assume. Using the step-by-step sequence illustrated below, task-analyze each responsibility. The assistant should master the sub-skills before assuming the total responsibility of the instructional task. Fill in the missing sub-skills before illustrating two examples of your own.

Sub-Skills

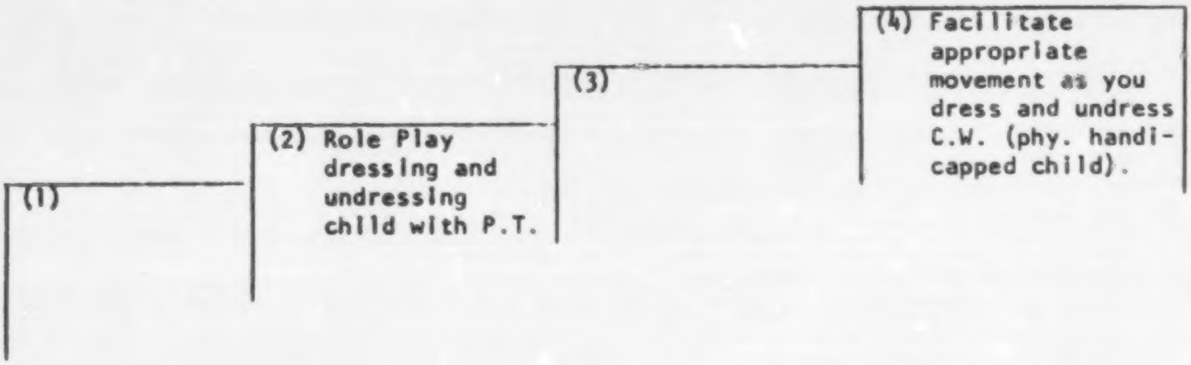
Target Resp.



(1) Observe teacher leading calendar time.

(2) Carry out calendar time as outlined by teacher.

(3) Prepare for and lead calendar time.



(1)

(2) Role Play dressing and undressing child with P.T.

(3)

(4) Facilitate appropriate movement as you dress and undress C.W. (phy. handicapped child).

OBJECTIVE IIC

Provide inservice training for assistants.

Some popular inservice training topics for EC:EEN paraprofessionals are:

"Understanding Children with Social and Emotional Problems"

"Behavior Management"

"Language Stimulation in Everyday Tasks"

"Normal Development of the Preschooler"

(IIC) Activity 1 Are any of the above areas a mutual training need among your staff members? Choose a training priority with your staff and develop an outline for a formal inservice. Consider the following when developing your outline:

1. Resource people
2. Resource media and materials
3. Location
4. Time needed
5. Objectives of inservice (providing knowledge base, problem-solving, individual questions?)
6. Method of delivery (panel discussion, role playing, lecture, etc.)

Here's how your outline might look:

Inservice Topic: Kinesthetic and Tactile Stimulation

Time: 1:00--3:00 p.m., Thursday, Oct. 19th

Location: Elementary cafeteria, West Side Elementary School

Participants: EEN staff

Leader: Alice Smith, P.T.

I. Objective: Participants will develop an awareness of the child's need for appropriate tactile stimulation.

Method of Delivery:

Film showing normal preschooler receiving appropriate stimulation in everyday encounters vs. the physically handicapped who does not experience these daily encounters we take for granted.

Follow by brainstorming with group: generate list of tactile and kinesthetic activities to decrease sensory deprivation of EC:EEN child.

II. Objective: The participants will experience a lack of dexterity when their "sense of touch" is hindered.

Method of Delivery: Initiate the "gloved" relay race.
Handout of P.T. terms.

Discussion

Materials needed:
2 pr. gloves
2 bags miniature foiled chocolates
film
film projector
screen

One of the most important elements of an inservice or workshop is the ability of the leader to relate key ideas to the participants' own experiences. In the "gloved" relay race, each person puts on a long pair of prom gloves, unwraps a miniature chocolate wrapped in foil and then takes off the gloves and passes them on to the next teammate. The race demonstrates some of the frustration some children experience every day.

(IIC) Activity 2

Think of other involvement techniques to increase your staff's awareness of various handicapping conditions (i.e. blind, deaf). (If you have difficulty, see Merritt & Walley's handbook listed under "Additional Resources.")

(IIC) Activity 3

Most training needs are not met with a formal inservice. List some other ways to meet these needs such as:

1.

2.

3.

4.

5.

6.

Did you think of these?

1. Professional magazine
2. Field trip
3. Books
4. Movie
5. Coursework
6. Professional meeting
7. On-the-job training
8. Educational T.V.
9. Workshop
10. Conference
11. Staff discussion
12. Institute
13. County Extension literature on early childhood

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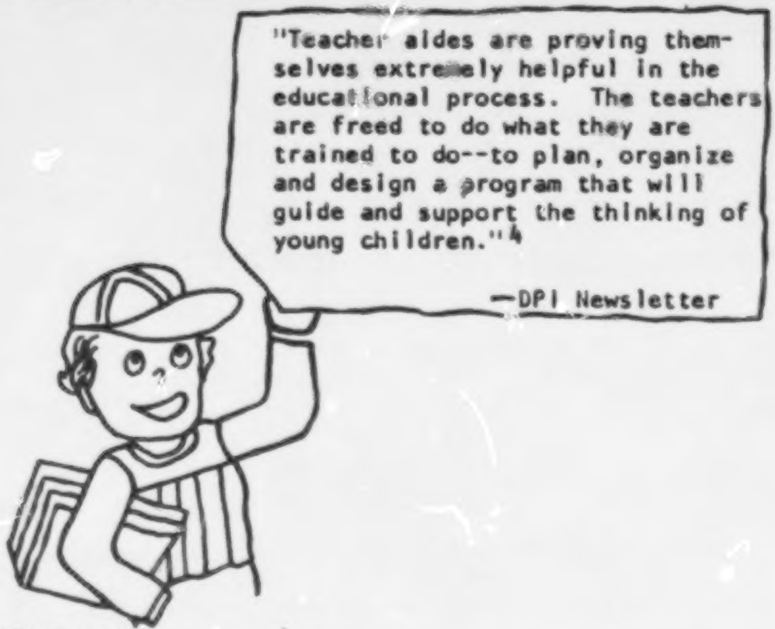
(IIC) Activity 4

Begin your resource file. List people, media and materials, places to visit, any sources you feel would be helpful for formal or informal training. You are not "bound" to your classroom or school. Be creative, if a teacher in the neighboring community has a terrific language program and that's a training need, go over and visit the classroom. (List it in your file for future reference.)

GOAL III

The EC:EEN teacher will develop and implement procedures for the supervision of assistants.



"Teacher aides are proving themselves extremely helpful in the educational process. The teachers are freed to do what they are trained to do--to plan, organize and design a program that will guide and support the thinking of young children."[4]

—DPI Newsletter

OBJECTIVE IIIA

Facilitate positive interpersonal communication among staff.

(IIIA) Activity 1

As EC:EEN teachers we encourage mutual respect among children and stress a cooperative attitude. As adult models, we must provide a positive environment in which effective relationships are maintained among staff members. Work to protect those relationships by remaining open-minded to viewpoints different from your own. With the above in mind, read this short story:

Little Mary lurched into the room and fell on her knee. With startled eyes, she looked up. As Anna, the aide, rushed towards her, she burst into tears. Mrs. Turner, the teacher, reproached Anna, "You do that every time she falls...if you just ignored it, she probably wouldn't cry. Now put her down and go back to your group." As Anna untangled herself from the child, Mary's yelps and cries could be heard in the next room. Vicki, the volunteer, moved cautiously towards the threesome and murmured, "I'll watch her, Mrs. Turner; Anna was only trying to help," and led Mary over to the story corner. An atmosphere of discontent prevailed. When Anna took her morning break she went to the principal's office and complained of being mistreated by the teacher. After school the principal called Mrs. Turner in and reproached her for being unkind.

Rate these characters in order from 1 to 5. Give a "1" to the person who was the least offensive or acted most appropriately and a "5" to the most offensive person.

_____Mrs. Turner

_____the principal

_____Vicki, the volunteer

_____Anna, the aide

_____Mary, the child

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(IIIA) Activity 2

Discuss your ratings with a colleague and reach a consensus on the order of the characters. (With a large group divide into small groups for discussion). Naturally, there is no "right" or "wrong" order. What is important is how well your group listens to each other's thoughts and feelings. As a check on your own good listening can you remember which characters in the story your neighbor found least and most offensive?

(IIIA) Activity 3

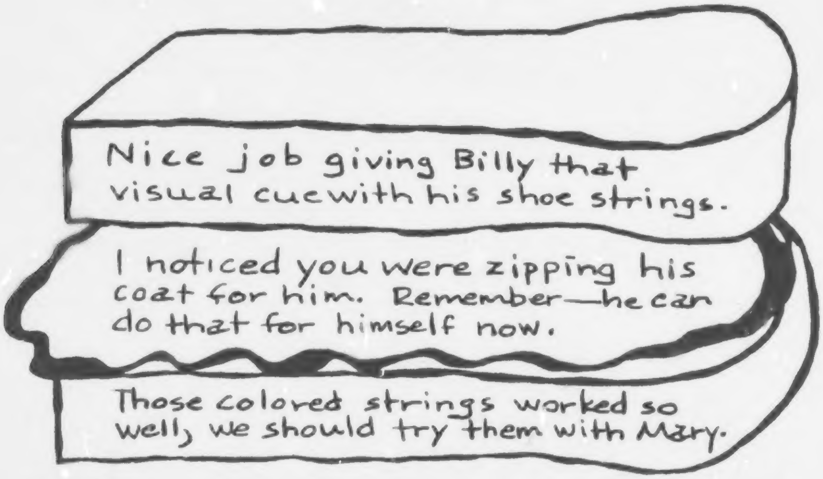
Volatile situations such as the one described in Mrs. Turner's classroom should not occur. How could such unpleasant scenes be prevented? Brainstorm with a colleague or with a group and list your suggestions.

Did your list include these?

Sounding Board - Have a sheet posted for easy access where any staff member can jot down concerns as they occur during the day for later discussion when children are not present.

Bill of Rights - Each staff member makes a list of "rights" to which he or she feels entitled. (e.g., "I have a right not to be put down in front of the children," writes the assistant. The teacher writes, "I have a right to have the last word on everything.") Compromises must be made when everyone sits down and reads each other's list. Hopefully, an agreement can be reached that everyone can live by.

When it is necessary to offer constructive criticism to your assistant, "sandwich it" with some positive comments:


Nice job giving Billy that visual cue with his shoe strings.
I noticed you were zipping his coat for him. Remember—he can do that for himself now.
Those colored strings worked so well, we should try them with Mary.

Sometimes it's not what you say, but how you say it that can really make the difference.

(IIIA) Activity 4 "Make a sandwich." Reword these criticisms into sandwiches:

1. "Using the big paper wasn't a bad idea at all but you've got to work on your printing. Those slanted letters present a terrible model."

2. "Don't let Mary crawl on top of the table. It was nice of you to praise her when she picked up the paper under the table but don't let her crawl on it...you didn't let the other kids crawl on it."
3. "Why didn't you listen to Tom when he tried to explain his painting to you? I appreciate your efforts to keep the paint jars filled but his need to talk to you was more important than those jars."

REWORD:

1.

2.

3.

Successful teacher-aide teams seem to have a "comradery" that is hard to explain. A cooperative spirit is reflected in daily routines and interactions. Everyone is pulling together toward common goals with the children.

If this type of team harmony does not exist between you and your assistant, there are ways to improve your relationship. Some suggestions have already been discussed. Another approach is "joint problem solving."

(IIIA) Activity 5 Identify one specific behavior of a child that you both desire to change. Avoid "overshadowing" the aide with your expertise. You are making a "joint" effort. Both you and the aide should suggest ways to change that behavior. Discuss and then agree on the technique you will use with the child. Check with each other every day to monitor how your approach is working, and agree on any changes.

Morehouse and Youngquist[5] explain that such an approach would emphasize:

> "Joint determination of the problem, as opposed to expert identification of the problems.
>
> Continual redefinition of problem, as opposed to challenging additional alternatives.
>
> Continual reality-testing, as opposed to expert testing...

From one small behavior change the teacher and aide can gain a trusting and problem solving orientation."

(IIIA) Activity 6 It's very important for the you to make the assistants feel that they are an important part of your program. What can you do to facilitate that feeling? After making your own list, exchange your ideas with others.

1.

2.

3.

4.

5.

6.

7.

8.

VOLUNTEER SERVICE AWARD

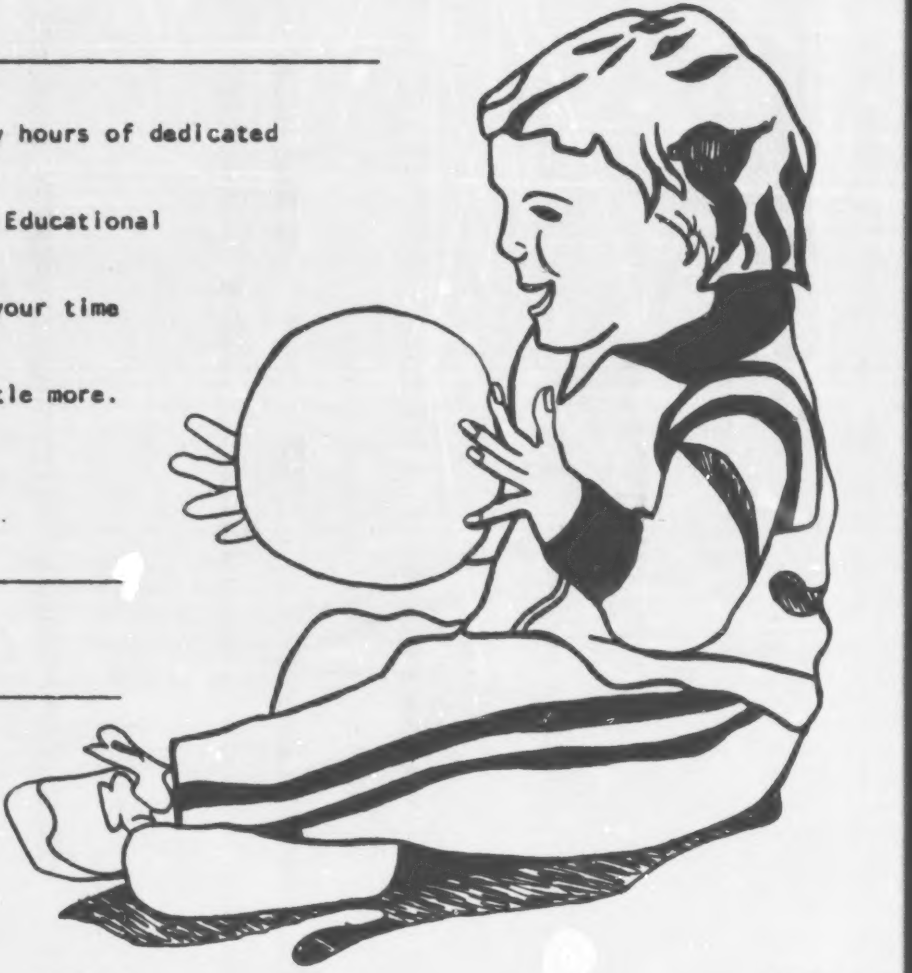
To____

In recognition and appreciation for the many hours of dedicated service in the Early Childhood: Exceptional Educational Needs Program. Thank you for contributing your time and energy so that a child could grow a little more.

Gratefully,

____
(teacher)

____
(principal)



Did you think of these?

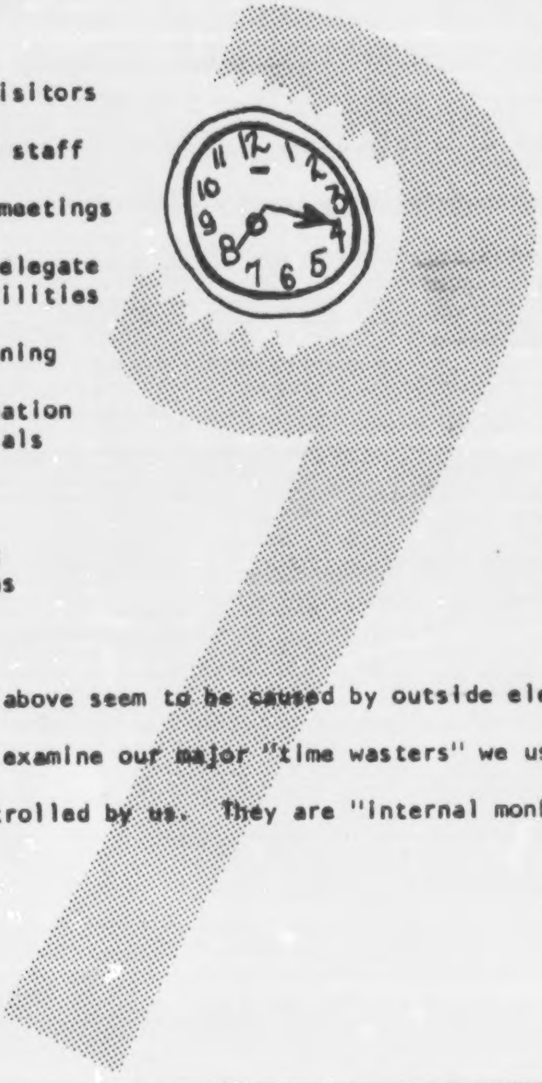
1. Send letter to administrator recognizing the assistant's service to the program.
2. Take time to introduce the assistant to visitors.
3. Sign the assistant's name on newsletters with yours.
4. Have kids make a birthday present for the assistant.
5. Do a personality feature article in the newsletter.
6. Include the assistant in meetings with other staff whenever possible.
7. Make a gift of a coffee mug.
8. Say you're grateful. Lay on some warm fuzzies now and then.
9. Give a "Volunteer Service Award" to volunteers (see attached).

OBJECTIVE IIIB

Manage time efficiently throughout the daily program.

"If only I had more time!" How often have you said that? Time is the key element in anything we plan. Classroom time is especially valuable because that's not just teacher time--it's the CHILDREN'S time! Are you managing classroom time efficiently? We're all guilty of wasting some time during the day.

(IIIB) Activity 1 Underline those items below[6] that waste classroom time in your program. If you think of more, add to the list.



Confused schedules

Socializing

Unexpected visitors

Training new staff

Unnecessary meetings

Failure to delegate responsibilities

Lack of planning

Poor organization of materials

Fatigue

Inconsistent directions

Overdirecting staff

Attempting too much at once

Poor communication

Lack of procedure for daily routines

Can't say no

Red tape

Telephone calls

Interruptions from other building personnel and staff

Procrastination

Personal activities

Unclear objectives

Some of the above seem to be caused by outside elements (visitors, calls, etc.), but if we examine our major "time wasters" we usually find that they are generated or controlled by us. They are "internal monkey wrenches."

(IIIB) Activity 2 Choose from the list the "internal monkey wrench" that wastes the most classroom time. Formulate a plan of action to eliminate that "time waster." List according to priority the remaining "time wasters" and devise a plan of action to systematically eliminate them.

Perhaps the biggest monkey wrench is clamped around that red-spiraled book labeled LESSON PLANS. Most teachers prepare some type of lesson plan on a daily or weekly basis. Naturally everyone uses scheduling techniques that are unique to his or her situation. Thus, there is a variety of ways to organize plans. Though the form may vary, lesson plans should be presented in an organized manner. Only then can they provide you and your assistants with a clear outline that can guide you through the days. (For information on preparing schedules and planning activities see "Instructional Activities.")

OBJECTIVE IIIC

Implement an effective communication system to relay instruction to and receive information from assistants.

Even with organized lesson plans you need to set up a system to relay information to and receive feedback from assistants daily. The easiest and most effective way appears to be a special meeting time each day for a review and preview of daily happenings. The teacher uses this time with her or his assistants to plan activities.

But what about the volunteer who only comes in to tutor an individual child for an hour each day? The planning time with the teacher is brief, to say the least. More communication is needed.

(IIIC) Activity 1 Below are some examples of written communications between teachers and assistants. Choose one and try it.

Activity Charts-- The teacher writes up the activity on a chart listing specific directions on presenting and implementing the activity. The assistant charts the child's responses. Later the teacher revises the chart and makes suggestions or alterations when necessary.

Job Cards--Each child has a section of a bulletin board on which job cards are hung. The job cards offer activities for that specific child. The teacher assigns the assistant to a child during the work period. The assistant pulls off the job card on the top and initiates that activity with the child. Before returning the card to the board, the assistant makes an entry at the bottom of the card rating the child's performance. The card is returned to the board for the teacher to inspect later.

Folders--Similar to the charts, except that there is a separate folder for each child. Charts could also be kept in the assistants' folders. Setting up a consistent storage place for the folders is a necessity.

Although written forms of communication are helpful, a designated meeting time with the complete staff present is probably the most efficient method of exchanging pertinent information and planning activities. Some teacher aides are only hired for the hours the children are present. If the aide's working cannot be extended, perhaps volunteers can supervise the children while the teacher meets with the aide in the room. This is difficult to do and is not the most efficient use of anyone's time, especially the children's. Slightly extending the aide's working day would appear to be the preferred solution.

GOAL IV

The EC:EEN teacher will evaluate assistants.

An evaluation provides a measure of progress. It can be a real morale booster. It can also be a very threatening experience from which no one benefits. We suggest you use an assessment instrument that meet the needs of both the teacher and the assistant to ensure a meaningful evaluation.

OBJECTIVE IVA

Use a formal assessment tool to evaluate staff performance.

The formal process of evaluating school staff varies from district to district. The evaluation of EC:EEN assistants is usually left to the teacher.

(IVA) Activity 1 Review the following evaluation form.

CHECKLIST FOR ASSISTANT

Name____________________

Date____________________

	Need to Work On It	Getting Better	O.K.	Super!
1. Completes clerical duties in an efficient and orderly manner.				
2. Willingly carries out housekeeping chores without reminders.				
3. Organizes and prepares materials for instruction.				
4. Guides children through daily routines.				
5. Maintains behavior management programs.				
6. Interacts in a warm and friendly manner with parents.				
7. Correctly handles and positions the physically handicapped youngsters.				
8. Participates actively in motor activities.				
9. Provides a good language model and appropriately interacts with children.				
10. Reinforces concepts during individual instruction.				
11. Stimulates play activities with children.				
12. Displays a professional attitude towards all responsibilities.				
13.				
14.				
15.				

(IVA) Activity 2

Now that you have looked at this form, prepare your own formal assessment tool. Take out the duty list and the suggestions from the pre-service training section for additional help in devising your tool. Remember, if you want this tool to be an instrument for learning and growing, it should reflect the daily expectations you have for your assistants. If possible devise the tool with your assistant.

(IVA) Activity 3

Critique your assistant with the formal assessment tool you have prepared.

(IVA) Activity 4

Give your assistant a blank copy of the assessment tool. Ask the assistant to do a self-assessment, filling out the form as he or she perceives present performance. Compare your results.

Were your assessments fairly close? Or were they miles apart? Now comes the most important part of the assessment. The teacher will pinpoint an area in which he or she sees a need for improvement. If the assistant also sees a need for improvement, they can decide together how that need will be met. Some possibilities are on-the-job training, talking to the speech therapist, attending a workshop, or maybe reading a book. If there are several needs, put them in order of priority and incorporate them into your training. Remember not to push for drastic changes. Take it one step at a time.

Reinforce your assistant for her or his strengths throughout the comparison of the results. Make sure you end up on a positive note. Allow for questions and comments at all times as you're reviewing the assessment. If you feel it would be beneficial, ask your assistant to switch roles and assess you. Compare your self-assessment with the results.

(IVA)Activity 5

Evaluation is an important part of the learning process. It should be a continuous and cooperative process in which the teacher and the assistant both participate. Set up a schedule for reviewing the formal assessment tool with your assistant. Choose a realistic schedule and mark it on your calendar. (monthly? quarterly? each semester?)

OBJECTIVE IVB

Provide periodic written feedback on performance to assistants.

(IVB) Activity I

Mrs. Turner has decided to use a check sheet to monitor her assistant's instructional performance. She has listed some items on which she has cautioned her assistant in the past. As she observes her assistant in a small group session, she will check off those items that apply. Rewrite the check sheet, stating the negative comments more tactfully. In addition list a positive comment for each negative one. We all enjoy hearing about the good things we do!

Mr. Turner's Check Sheet

____ Don't start until you have all your materials ready.

____ Don't forget to prepare the children for the activity, placing and positioning for maximum involvement.

____ You'll have to provide more cues and assistance when ________

____

____

____ You didn't give the children enough time to "try out" their approach to the task before assisting.

____ Don't forget to reinforce appropriate responses more frequently during the activity.

____ Don't pay so much attention to the bad behaviors.

____ I better sit down with you and go over the learning tasks again.

____ Everything went well. Good job.

Did your statements sound something like these?

Observation Check Sheet On Instructional Performance

______All materials were at hand and your station was all ready for the children. Great!

______You need to have all materials ready and your station set up before you begin.

______I liked the way you prepared the children for the activity including the appropriate positioning and placement of everyone.

______Take time to "ready" the children for the activity, placing and positioning for maximum involvement.

______Nice job modeling the task expected of the child. You gave appropriate assistance when needed.

______Remember to provide more cues and assistance when______________
____
____

______I liked the cues you used to elicit correct responses.

______Give the children more time to "try out" their approach to the task before assisting.

______You used reinforcements effectively and enthusiastically.

______Need to reinforce appropriate responses more frequently during the activity.

______We need to talk about changing the rewards used with___________
____
____

______You consistently ignored the bad behaviors and tuned into the child when he was on task.

______Tolerate annoying behaviors when they are not damaging to others or to the children themselves.

______Let's take time to go over the learning tasks again.

______Good job! You held the children's interest and had their cooperation through the entire activity.

Comments:____
____
____
____

(IVB) Activity 2

Share the check sheet with your assistant and ask for opinions. Revise the tool again if necessary. Agree on an observation session and monitor your assistant tutoring a small group of children. Use the check sheet. You may wish to have your assistant monitor your performance with the check sheet to "break the ice" of using a new tool.

NOTES:

1. H.D. Fredericks et al., The Identification of Competencies of Teachers of the Severely Handicapped. (Monmouth, Oregon: Teaching Research, 1977), p. 15-16.

2. Wisconsin Department of Public Instruction, "Rules Implementing Subchapter IV of Chapter 115, Wisconsin Statutes" (Madison: State of Wisconsin, 1977), pp. 39, 40.

3. Wisconsin Department of Public Instruction, "Wisconsin Certification Standards," Bulletin 7251 (Madison: Department of Public Instruction, 1977), p. 12.

4. S. Jensen and Amy Thomas, "Kindergarten Aides Mean Extra Arms for Busy Teacher," DPI Newsletter, May, 1969 (Vol. 22, No. 9), p. 12.

5. K. Morehouse and J. Youngquist, "Effective Utilization of Paraprofessionals," unpublished manuscript (1978), p.4.

6. Adapted from R.A. Mackenzie, The Time Trap, (New York: McGraw-Hill Book Company, 1972), pp. 5, 6.

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INTER-AGENCY COOPERATION

The Early Childhood: Exceptional Education Needs teacher will be able to locate and secure the cooperation of other agencies, groups, and individuals in the provision of appropriate educational services for young exceptional children and those persons responsible for their care.

Michael Galbreath, Chairperson
Child Find Specialist
Milwaukee, CESA #19

Claudia Taylor
Child Find Specialist
Stevens Point

Jo Ann Forthun
EC:EEN Teacher
Brown Deer

John Brueggemann
Department of Health
and Social Services
Milwaukee

Caryl Richter
Head Start
Milwaukee

Bonnie LaRose
Child Find Specialist
Wisconsin Rapids

PURPOSE

"But only through the complete utilization of our resources, human as well as material, will we be able to reach our full service goal—a free appropriate public education for all handicapped children."

— "Public Education of the Handicapped
by Schipper, W., Wilson, W., and Wolf, J.
Educational Programming For The
Severely/Profoundly Handicapped. VA. CEC 1977

Many times the EC:EEN teacher unexpectedly finds a tired mother with a young child in tow. The mother perks up a bit when she meets the teacher, until the teacher says, "You have come to the wrong program. You should call..... and the parent is tired again because she knows she is about to re-enter the maze of finding services.

The mother has heard of special services, parental rights, and tax-supported programs, but she doesn't know exactly where to go. You, the EC:EEN teacher, are often the front line, primary liaison—the first one encountered in the search. You should be aware of what resources are available and how to help the parent match up needs with appropriate services. In addition, once you are aware of the other services, you should be able to work cooperatively with those services in helping the child and the family.

Consider it your task to be maze breaker and bridge builder. You can work for the benefit of the child by making use of the laws, systems, organizations, and agencies that exist for the families' benefit.

INTER-AGENCY COOPERATION

The Early Childhood: Exceptional Educational Needs teacher will be able to locate and secure the cooperation of other agencies, groups, and individuals in the provision of appropriate educational services for young exceptional children and those persons responsible for their care.

GOAL I	GOAL II	GOAL III	GOAL IV
The EC:EEN teacher will have knowledge of organizations and agencies involved with EC:EEN students and their families.	The EC:EEN teacher will provide information to members of the community to improve their understanding of the EC:EEN program.	The EC:EEN teacher will utilize available resources to understand and fulfill educational and other responsibilities required by law.	The EC:EEN teacher will work cooperatively with other service agencies for the benefit of the child and the family.
The EC:EEN teacher will be able to: Objective A develop an awareness of public and private agencies providing educational services to EC:EEN Children and their families. Objective B develop an awareness of organizations and parent groups concerned with the welfare of EC:EEN children and their families.	The EC:EEN teacher will be able to: Objective A develop a channel to disseminate information on your program to the general public. Objective B provide relevant information to the child's family. Objective C assist other school personnel and related professionals in understanding the goals and function of the EC:EEN program.	The EC:EEN teacher will be able to: Objective A understand the laws concerning child abuse and the services that are provided to help EC:EEN children and families with abuse problems. Objective B understand legislation concerning confidentiality of information and record keeping for the EC:EEN child and family. Objective C understand the meaning of advocacy as it relates to the EC:EEN child and family.	The EC:EEN teacher will be able to: Objective A identify gaps and overlaps in services to EC:EEN children and their families. Objective B coordinate and cooperate with agencies to improve the services to the child and family.

GOAL I

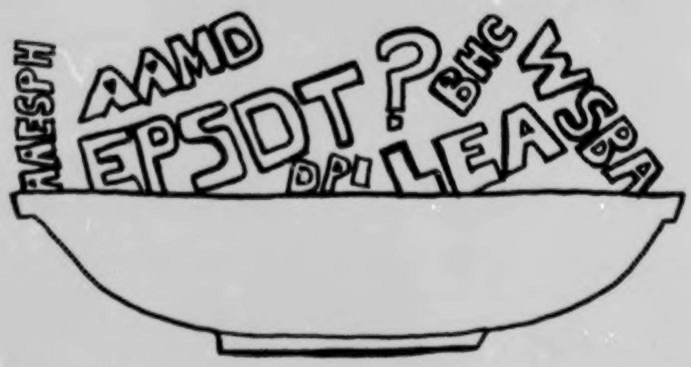
The EC:EEN teacher will have knowledge of organizations and agencies involved with EC:EEN students and their families.

OBJECTIVE IA

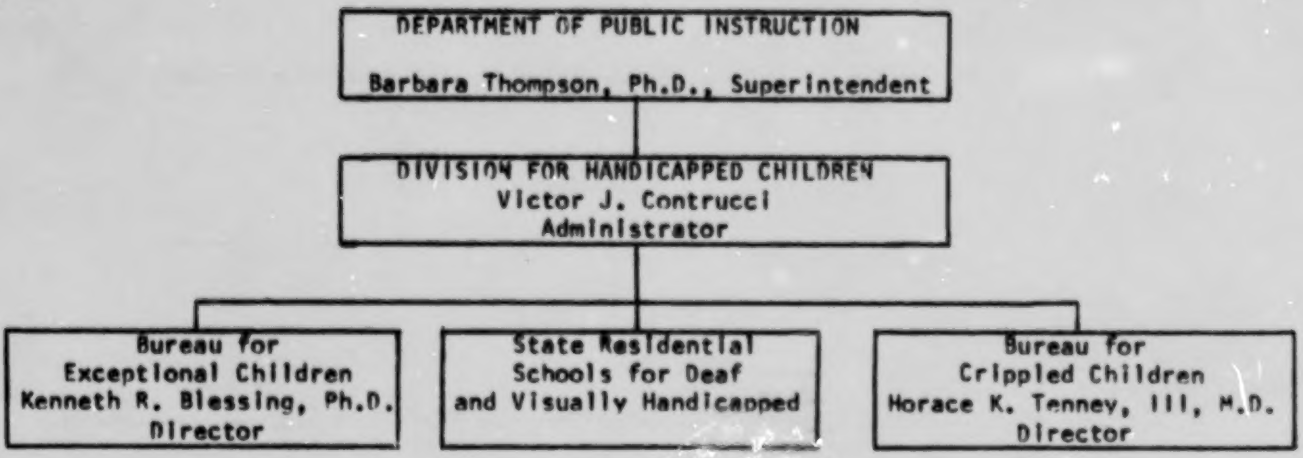
Develop an awareness of public and private agencies providing educational services to EC:EEN children and their families.

(IA) Activity 1

Most educational and health services are for funding purposes under the "national umbrella" of the U.S. Department of Health, Education, and Welfare. At the state level, the Department of Public Instruction and the Department of Health and Social Services provide supervision of such services for young handicapped children. Read the following descriptions of some of these Wisconsin agencies:



DIVISION FOR HANDICAPPED CHILDREN
STATE DEPARTMENT OF PUBLIC INSTRUCTION
126 Langdon Street
Madison, Wisconsin 53702


DEPARTMENT OF PUBLIC INSTRUCTION
Barbara Thompson, Ph.D., Superintendent
DIVISION FOR HANDICAPPED CHILDREN
Victor J. Contrucci
Administrator
Bureau for
Exceptional Children
Kenneth R. Blessing, Ph.D.
Director
State Residential
Schools for Deaf
and Visually Handicapped
Bureau for
Crippled Children
Horace K. Tenney, III, M.D.
Director

Origin

The Division for Handicapped Children, within the Wisconsin Department of Public Instruction, was created by legislative action in 1939. Wisconsin, as a consequence, was able to unify its programs for handicapped children and youth. (s. 115.77, Wis. Stats.)

Organization

The Administrator of the Division for Handicapped Children has the status of Assistant Superintendent. The Administrator is directly responsible to the State Superintendent of Public Instruction for the efficient and proper functioning of the Division. The Wisconsin School for the Visually Handicapped at Janesville and the Wisconsin School for the Deaf at Delavan are included in the administrative structure of the Division. (s. 115.77, Wis. Stats.)

Services

The Division for Handicapped Children, Department of Public Instruction, had two Bureaus. (1) The Bureau for Exceptional Children, whose staff provides consultative assistance, coordination and supervision of special education programs/services for children with exceptional educational needs pursuant to Chapter 115 of the State Statutes. Special education programs/services are provided, at public school expense, for mentally retarded, emotionally disturbed, hearing impaired, vision impaired, speech impaired, physical/multiple handicapped, school-age mothers and in the area of early childhood. (2) The Bureau for Crippled Children, which administers the state crippled children's program. The crippled children's program provides financial assistance, consultative and diagnostic services for children from birth to 21 years of age for the following specific programs: orthopedic, hearing conservation, cleft lip and cleft palate, cardiac, cystic fibrosis, scoliosis and other selected handicapping conditions, particularly those relating to congenital anomalies.

Bureau for Exceptional Children

This Bureau is charged with the responsibility for implementation of Chapter 115 of the State Statutes, which mandates that each child who has exceptional educational needs shall be provided with the opportunity to receive a special education at public expense suited to the child's individual needs. Staff members are responsible for provision of consultative assistance, coordination and supervision of all aspects of special education programs/services.

Emotionally Disturbed - In the Wisconsin public school system there are 664 specialized units for selected children with an enrollment of approximately 5,455. Administrative arrangements vary.

Hearing Impaired - Wisconsin has a network of day school classes, serving approximately 816 children, ranging from preschool to secondary school. Program types include resource rooms, self-contained rooms, itinerant programs and others depending on existing circumstances. There are 151 program units serving the deaf and the hard of hearing in the day school setting. Usually, the programs are in the same school building as those for normal hearing children. Emphasis is placed on skills in lip-reading, auditory training and academics. Secondary programs include workstudy components. Goals are to have the children have a normal school setting and to participate in the regular school functions with hearing peers.

Deaf/Blind - There are currently four Title VI-C funded deaf/blind programs. The program at Oshkosh School District has 3 children, Racine School District has 3, Milwaukee Public Schools has 2, and Central Wisconsin Center has 26. Emphasis is on developing independent living skills.

Homebound Instruction - Homebound and hospital instruction services are available to any child from the age of 3 to 21, who has been declared, following a medical examination, to be physically or emotionally unable to attend school for an anticipated period of 30 calendar days or more. Such services may be offered at home, sanitarium, convalescent home or hospital. Approximately 2,284 handicapped children are currently receiving homebound instruction services.

Mentally Retarded - Educational opportunities are extended to mildly, moderately and more severely retarded children. There are 405 programs in operation providing school services for moderately to severely retarded youth. In this program the trend at present is for full-day programs based upon the individual characteristics and exceptional educational needs of the students. Length of the school day should not be restricted due to transportation or facility difficulties. A full day of instruction should be available to children who can tolerate this amount of time in an educational setting.

There are approximately 1,221 programs for the mildly to moderately retarded in operation at the elementary, junior and senior high school levels. These programs are offered under a variety of administrative structures.

The special curriculum employed is developmental and sequential in nature based upon the present exceptional educational needs of the children as well as upon their future needs as retarded adults in the community. The special curriculum includes the basic educational subjects adapted to the practical and more limited abilities of the retarded as well as experiences in handcrafts, industrial arts, home economics, home maintenance, occupational education, job surveys, and community responsibilities. Socialization and training in adequate personal and work habits are also stressed.

Physical/Other Health Impaired - Any child who has a congenital or acquired disease or condition of such severity that achievement of normal growth and development may be hindered is eligible to receive supportive and related services under this program. Classes for physical/other health impaired handicapped are found in orthopedic schools, but the growing majority of these children are being served in a public school setting. There are 121 programs for physical/other health impaired handicappod currently in existence with an enrollment of 1,325.

Learning Disabilities - Currently, 1,477 units exist for children with learning disabilities, with average or above average intelligence, who are unable to meet the demands of regular class curricula. These programs focus on communication disorders and/or learning disorders which significantly interfere with their functioning in the regular classroom. A variety of educational approaches are employed: 1) self-contained classrooms; 2) resource rooms - the children go to the special teacher for a specific period of time and return to their regular classes for the balance of the school day; 3) itinerant - the special teacher works with the child and teacher within the regular class setting.

Speech and Language Disabilities - The speech and language program provides services for children who have exceptional educational needs in aural/oral communication. Language disabilities include problems in acquisition of knowledge about language and acquisition of receptive and expressive skills. Speech disabilities include disorders of voice and fluency. During the 1977-78 school year, the 436 local school districts received services from 1,006 clinicians.

Vision Impaired - Visually impaired students are served by means of day school programs, the Wisconsin School for the Visually Handicapped and the Professional Services Center. The Center provides comprehensive services, including materials, low vision evaluations, etc., for the above programs and visually impaired within regular education. There are 34 day classes serving educationally partially sighted, educationally blind and preschool visually impaired. Program types and levels are developed to provide for the individual needs of the visually impaired. The state supervisor should be contacted for referrals to specific programs or services located throughout the state.

Special Instruction Media - The Special Education Instructional Materials Centers were established to bring direct services to children and teachers in special education throughout the state. These centers provide educational materials and equipment on direct loan basis to special classes in the area served by them as well as inservice meetings for special and regular education teachers. At the present time, there are 16 instructional materials centers. They are located in the following CESAs: 1, 2, 3, 4, 5, 6, 7, 8 and 13, 11, 12, 14, 15 and 17 and the cities of Racine and Green Bay. In addition, there is a specialized center for the visually impaired at the Wisconsin School for the Visually Handicapped.

Wisconsin School for the Deaf - This school serves children between 6 and 21 years of age in the residential area. Preschool children may be enrolled on a day basis. All aspects of communication skills (total communication) are used, and academic, business and vocational subjects are taught. The Evaluation and Adjustment Center provides diagnostic evaluation services for determining work potential. There are 39 teachers and 227 children enrolled in this residential school (s. 115.52).

Wisconsin School for the Visually Handicapped - The Wisconsin School for the Visually Handicapped provides comprehensive services for eligible visually impaired children between the ages of 6 and 21 years. Children age 5 and under are served in day school. Services range from short-term to long-term dependent on individual needs. Regular academic instruction from kindergarten through secondary school is offered. Subjects include all academic areas, braille, orientation and mobility, vocational guidance and training, techniques of daily living and courses relevant to the visually impaired. Teachers have expertise in visually impaired classroom techniques in addition to regular education and other disability areas. Staff includes a psychologist, speech therapist, consulting psychiatrist, ophthalmologist and social workers. (s. 115.52)

School-Age Mothers - With the passage of Chapter 115, Wis. Stats., pregnancy became an eligible category for reimbursement of programs/services. Many local districts have developed programs to provide special education programs/services for these students and their infants. It is a recognized fact that young mothers are at a risk educationally, medically, socially and vocationally. Many of the intervention programs throughout the state are aimed at reducing the various risks experienced by school-age mothers. Districts have chosen various program types to meet the needs of the school-age mothers in their areas. At this point there are approximately 26 programs in the state. While many students continue their education by using the homebound program, this is the least acceptable of all of the alternatives.

Early Education Services for Handicapped Children - Wisconsin law requires that all children with exceptional educational needs between the ages of 3 and 21 years must be served by local school district services and programs. Children between the ages of 3 and 6 in the Wisconsin public schools are served by programs that are specific to the handicapping condition that the child may have, such as mental retardation, blindness, deafness and so forth. The major new thrust in this area, however, is for generic programs for young children with exceptional educational needs who have a myriad of educational problems. The program focuses on the needs of the child, parents and siblings.

Bureau for Crippled Children

The Bureau for Crippled Children is the state agency responsible for administering portions of Title V of the Social Security Act of 1935. Title V created the crippled children's program which was then put into operation throughout the United States.

in Wisconsin the crippled children's service was placed into the Department of Public Instruction. In other states it can be found as a part of a health department, public welfare department or health and social services department.

The accepted definition of children to be included in this program is broadly defined in the federal regulations, but taken on an operational day-by-day basis includes children having cerebral palsy, amputations, cleft lip and palate, deafness, spina bifida, scoliosis and 25 other conditions, all of which prevent a child from achieving his full physical potential.

The responsibility of the crippled children's program is four-fold:

1) The location or finding of crippled children.
2) Provision of preventative, diagnostic and treatment services.
3) The development and improvement of standards of care.
4) The training of personnel engaged in providing care.

Age range served by the BCC is birth to 21 years of age. To achieve these four major objectives, the BCC maintains a staff of public health nurses, social workers, audiologists, physical therapists, a prevention specialist and a variety of support staff.

The main emphasis of staff services is in providing consultation with local nurses on the care of children with physical handicaps, conducting diagnostic clinics around the state, approving special medical equipment for a child such as a brace, wheelchair, etc. as well as helping parents to locate appropriate resources.

The BCC staff works closely with staff in the Bureau for Exceptional Children when there are physical problems which affect the educational services for a child. The BCC approves jointly with the BEC plans of service which involve both physical and educational aspects.

The BCC covers a wide range of medical problems, and to assist in better understanding of the services available, the following is a list of the established major programs.

Orthopedic Field Clinics - Orthopedic field clinics are held in various locations in the state, staffed by an orthopedic surgeon and intended primarily for diagnostic services. Referral can be made by anyone. Clinics are located in Ashland, Chippewa Falls, Darlington, Eau Claire, Kenosha, Lancaster, Manitowoc, Racine, Rhinelander, Sheboygan and Stevens Point. A list of specific dates for the clinics is published twice a year in the Wisconsin Medical Journal. A copy is also sent to the secretary of each county medical society. A copy of the clinic schedule can be obtained by writing to the BCC.

Hearing Conservation Program - The BCC assists in planning for hearing screening and conducts hearing rechecks on children found by the screening. The BCC plans and conducts otologic clinics staffed by otologists and audiologists and assists with the purchase of a recommended hearing aid. A preschool hearing conservation program supplements the traditional school-age approach.

Cleft Lip and Cleft Palate Program - This program functions to secure and coordinate services for this particular disability. Plastic surgery, otolaryngology, orthodontia, dentistry, speech and other professions are involved in caring for the child, and these can be purchased or supplied by the BCC.

Cardiac Program - Children with congenital heart defects may be cared for at on of the cardiac centers in the state and assistance with the costs of such care is available through crippled children's funds.

Cystic Fibrosis Program - When a child is referred to one of the two cystic fibrosis clinics, at Madison or Milwaukee, financial aid for drugs and mist equipment used in treatment can be secured. A BCC staff person is assigned exclusively to this program to assist families with the care of the child.

Scoliosis Program - In 1974 the BCC inaugurated a new program aimed at locating children with scoliosis (curvature of the spine). This involves screening children in grades 5 through 10. Children found through screening programs are referred to a scoliosis clinic arranged by the BCC in cooperation with the local nurses and school nurses.

Selected Handicapping Conditions - Children with certain other anomalies such as strabismus, meningomyelocele and tracheoesophygeal fistula, may also receive aid depending on the circumstances. It is recommended that you contact the BCC directly for further information.

Orthopedic Schools - Eight local school districts operate orthopedic schools in the state with financial and consultative assistance from both Bureaus of the Division. Children whose handicap does not allow them to attend a regular schoolroom may be admitted with approval from the Division. .. theory, all children should attend a regular school because of the social environment afforded them, but there are some children with cerebral palsy, muscular dystrophy, spinal cord anomalies, etc., who are not able to function in a standard school setting and need the special facilities these schools offer. (s. 115.80)

Purchase of the services of a board-certified physician for surgery or other professional care is available through the BCC as well as physical therapy and occupational therapy when ordered by the appropriate medical specialist.

The BCC can assist families financially with the purchase of devices ordered by an orthopedist or physiatrist. Braces, prostheses and special splints are included.

The physical therapy consultant, with the BEC physical/multiple handicapped supervisor, jointly approves plans of service for classes for the physical/multiple handicapped. The physical therapy consultant provides program consultation to the orthopedic schools' therapy staff.

For more information on DPI contacts, see the DPI Human Resources Directory prepared by the Wisconsin Dissemination Project. (Each CESA has a copy.)

WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES

The Wisconsin Department of Health and Social Services provides rehabilitation and treatment services for people who are prevented from fully participating in society by physical, mental, legal, age, and certain environmental conditions or handicaps.

Presently two main divisions in the department provide services that may be used by the EC:EEN population:

WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES

- Division of Community Services
  - Bureau of Children, Youth and Families
    - Services to Children and Families Section
    - Special Education Section
    - Prevention Section
  - Bureau of Developmental Disabilities
    - Community Services
    - Developmental Disabilities
    - Institutional Services
    - Program Development & Plan Implementation
    - Regional Services
    - Central Center for Developmentally Disabled
    - Northern Center for Developmentally Disabled
    - Southern Center for Developmentally Disabled
  - Bureau of Mental Health
    - Community Mental Health Program
    - Clinical Services
    - Forensic Services
    - Grant and Program Administration
    - Research and Training
    - Central State Hospital
    - Mendota Mental Health Institute
    - Winnebago Mental Health Institute
- Division of Health
  - Bureau of Community Health
    - Dental Health Section
    - Maternal and Child Health Section
    - Family Planning Section
    - Screening & Health Maintenance Section
    - Community Health Program Section--Nutrition & Public Health Nurses
  - Bureau of Prevention
    - Health Education & Information Section
    - Consumer Health Services Section
    - Epidemiological Surveillance and Assessment Section
    - Chronic Diseases Section
    - Laboratories Section
    - Occupational Medicine & Employee Health Section

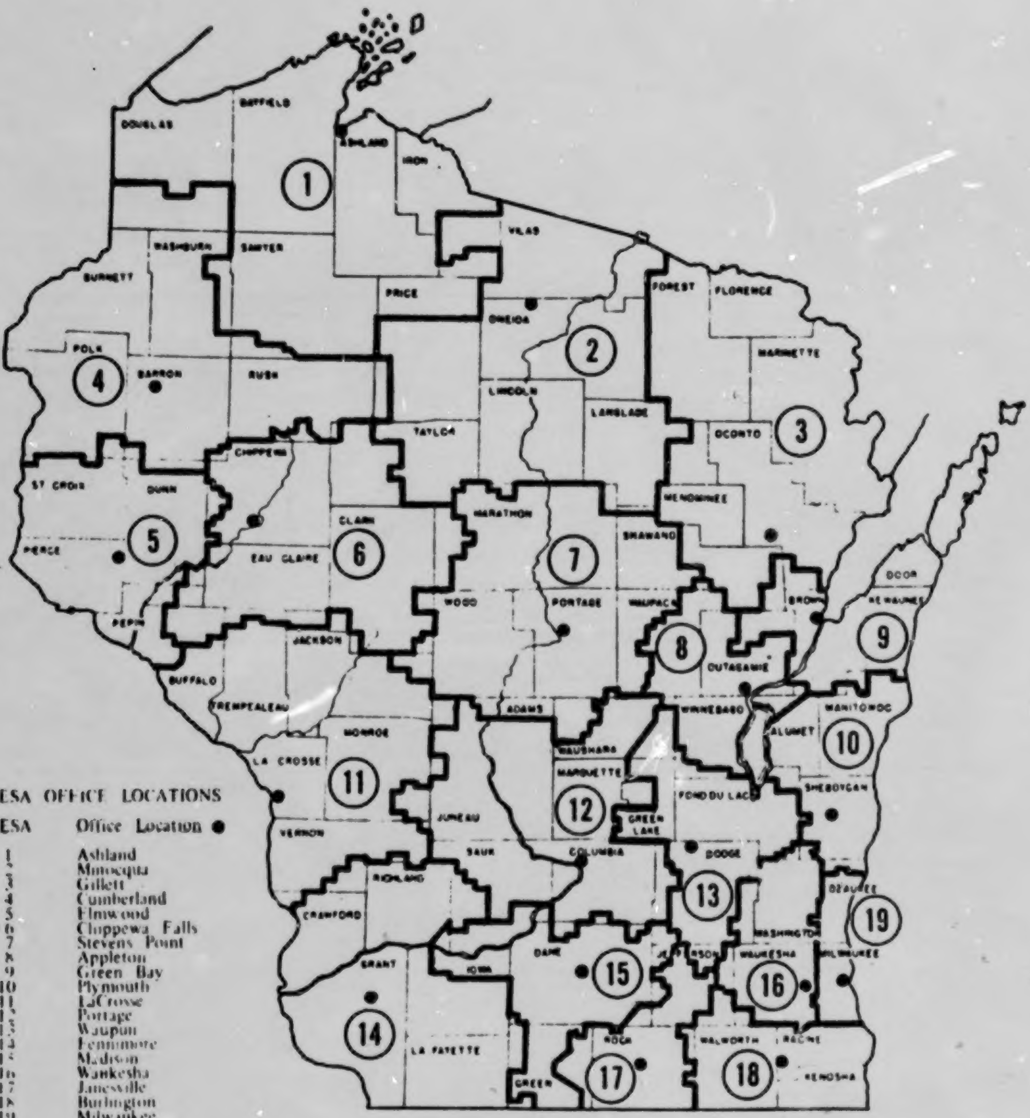
(IA) Activity 2 Are you familiar with the following services: LEA, CHCEB, CESA, DD Board, licensed day care. Read the description of each.

Educational Service Agencies

1. Local Educational Agency (LEA) is a school district supported by public taxation. It is part of a territorial unit for school administration. (Title XIV--Chapter 115--State Statutes) All school districts are required by law to educate EEN children, ages 3-21. There are presently 425 districts in Wisconsin.

2. County Handicapped Children's Educational Boards (CHCEBs) were formed in the 1950s to provide comprehensive handicapped services to children via the county boards:

   Brown County
   Racine County
   Jefferson County
   Walworth County
   Ozaukee County
   Manitowoc County
   Sheboygan County
   Marathon County
   Waukesha County


DOUGLAS
BAYFIELD
ASHLAND
IRON
1
VILAS
WASHBURN
SAWYER
BURNETT
PRICE
ONEIDA
2
FOREST
FLORENCE
MARINETTE
POLK
4
BARRON
RUSK
LINCOLN
LANGLADE
OCONTO
3
TAYLOR
CHIPPEWA
ST CROIX
DUNN
MARATHON
MENOMINEE
CLARK
5
PIERCE
EAU CLAIRE
6
7
SHAWANO
DOOR
KEWAUNEE
WOOD
PORTAGE
WAUPACA
BROWN
PEPIN
8
9
JACKSON
OUTAGAMIE
BUFFALO
TREMPEALEAU
ADAMS
WINNEBAGO
MANITOWOC
CALUMET
10
MONROE
WAUSHARA
LA CROSSE
11
MARQUETTE
SHEBOYGAN
FOND DU LAC
12
JUNEAU
GREEN LAKE
VERNON
SAUK
COLUMBIA
DODGE
RICHLAND
13
OZAUKEE
19
CRAWFORD
WASHINGTON
GRANT
DANE
15
JEFFERSON
WAUKESHA
16
MILWAUKEE
IOWA
14
LA FAYETTE
ROCK
WALWORTH
RACINE
GREEN
17
18
KENOSHA

CESA OFFICE LOCATIONS

CESA	Office Location ●
1	Ashland
2	Minocqua
3	Gillett
4	Cumberland
5	Elmwood
6	Chippewa Falls
7	Stevens Point
8	Appleton
9	Green Bay
10	Plymouth
11	LaCrosse
12	Portage
13	Waupun
14	Fennimore
15	Madison
16	Waukesha
17	Janesville
18	Burlington
19	Milwaukee

WISCONSIN COOPERATIVE EDUCATIONAL SERVICE AGENCIES

3. Cooperative Educational Service Agencies (CESAs) provide and/or coordinate educational services to public schools, local governments, agencies, teachers and students. They are designed to cover regions or clusters of counties that are fairly equal in population. They provide advice and counsel in educationally related matters, including EEN program, data processing, and all types of shared services.

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4. Developmental Disabilities Boards (DD Boards)

On January 1, 1974, it became the responsibility of Wisconsin counties to provide for their residents a full range of alcoholism and drug abuse, developmental disability, and mental health services. Legislation requires counties to carry out this responsibility through a community board or boards appointed by the county board of supervisors. Two board options are open to counties: They may--

1. Provide all mental disability services through a combined board, also known as the 51.42/437 board, or
2. Provide the services through two separate boards:
    - a. A unified services board (S. 51.42 board) for mental health and alcoholism and drug abuse services, and
    - b. A developmental disabilities services board (S. 51.437 board) for developmental disabilities services only.

Some of the services provided that are of particular interest to early childhood educators include evaluation, treatment, day care, education, recreation, transportation, and information and referral. The developmental disabilities include five major categories: autism, epilepsy, cerebral palsy, mental retardation, and dyslexia associated with one of the previously mentioned disabilities. Services are provided for individuals from birth to death.

A list of agencies outside the LEA providing special education to the 0-5 population follows. These services are usually provided by, or supervised by, the Developmental Disabilities Board.

Private Special Education Agencies
Listing for 1977-78
Division for Handicapped Children
State Department of Public Instruction
126 Langdon Street, Madison, Wisconsin 53702

The Division for Handicapped Children, pursuant to sections 115.77(4)(d) and 115.78(2), Wis. Stats., is required as one of its responsibilities to maintain current information on all public and private special education programs within the state and to make this information public.

Following is a listing of those private agencies or facilities that list services for children with exceptional educational needs. This list in no way certifies any facility or agency as having an accredited program and/or certified special education teachers.

Handicapping Condition(s) Served

ED	Emotionally Disturbed
SMR	Severely Mentally Retarded
TMR	Trainable Mentally Retarded
EMR	Educable Mentally Retarded
SAM	School Age Mothers
V	Visual Disability
H	Hearing Disability
LD	Learning Disability
SH	Speech/Language Disability
PH/MH	Physical/Multiple Handicapped

Name, Address Phone Number, County	Residential Day Care	Handicapping Condition(s) Served*	Age Range Served
Achievement Center for the Handicapped P.O. Box 586 Stevens Point, WI 54481 (715) 341-1399 Portage County	Day Care Home Training	ED, SMR, TMR, EMR, V, H, SH, PH/MH	0-3
Achievement Center of Douglas County 1200 15th Avenue, East Superior, WI 54880 (715) 398-6958 Douglas County	Day Care Home Training	ED, SMR, TMR, EMR, V, H, LD, SH, PH/MH	0-3
Central Wisconsin Center for the Developmentally Disabled 317 Knutson Drive Madison, WI 53704 (608) 249-2151 Dane County	Residential	ED,SMR, TMR, V. H, PH/MH	3-21+
Community Service Center 1673 Dousman Street P.O. Box 3398 Green Bay, WI 54303 (414) 494-8791 Brown County	Residential	SMR, TMR, EMR	18 mo.-3 yr. 15-21+
Curative Workshop of Racine 2335 Northwestern Avenue Racine, WI 53404 (414) 637-4441 Racine County	Outpatient Rehab.	TMR, EMR, SH, PH/MH	3-21
Easter Seal Child Development Center 5225 West Burleigh Milwaukee, WI 53210 (414) 871-1270 Milwaukee County	Day Care	TMR, EMR, SH	18 mo.-5 yrs.
Green Lake Co. Day Care Services 222 S. Leffert Street Berlin, WI 54923 (414) 361-3484 Green Lake County	Day Care	SMR, TMR, EMR, LD, SH, PH/MH	3-5, 15-21

Name, Address Phone Number, County	Residential Day Care	Handicapping Condition(s) Served*	Age Range Served
Headwaters Regional Achievement Center Box 618 Rhinelander, WI 54501 (715) 369-1337 Oneida County	Day Care	ED, SMR, TMR, EMR, V, H, LD, SH, PH/MH	0-3
Holiday House of Manitowoc Co., Inc. 2818 Meadow Lane Manitowoc, WI 54220 (414) 682-4664 Manitowoc County	Residential Day Care	ED, SMR, TMR, EMR, V, H, LD, SH, PH/MH	0-3, 15-21
Kiddie Camp Developmental Center 1650 Norman Way Madison, WI 53705 (608) 233-7340 Dane County	Day Care	TMR, SH, PH/MH preschool	0-3
La Crosse Home for Children 2507 Weston Street La Crosse, WI 54601 (608) 788-6333 La Crosse County	Residential Day Care	ED, TMR, EMR, H, LD, SH	3-14
Marathon Health Care Center 1100 Lake View Drive Wausau, WI 54401 (715) 842-1636 Ext. 331 Marathon County	Day Care	ED, SMR, TMR, EMR, H, LD, SH PH/MH	0-21
The Menomonee Falls Center N84 W16707 Menomonee Ave. Menomonee Falls, WI 53051 (414) 251-7110 Waukesha County	Day Care	SMR, TMR, EMR, H, L, SH, PH/MH	0-5
Milwaukee Hearing Society 744 N. Fourth Street Milwaukee, WI 53203 (414) 272-1771 Milwaukee County	Day Care	H	0-3

Name, Address Phone Number, County	Residential Day Care	Handicapping Condition(s) Served*	Age Range Served
NAGA Day Development Center, Inc. Box 33, 1350 Highway 175 Hubertus, WI 53033 (414) 628-2633 Washington County	Day Care	ED, SMR, TMR, EMR, LD, SH, PH/MH	3-5
Pioneer School - Mendota Mental Health Institute 301 Troy Drive Madison, WI 53704 (608) 244-2411 Dane County	Day Care Residential	ED, EMR, H, LD, SH	3-21
Racine County Opportunity Center, Inc. 1032 Grand Avenue Racine, WI 53403 (414) 637-9224 Racine County	Day Care	SMR, TMR, EMR, V, H, SH, PH/MH	0-3
Rehabilitation Center of Sheboygan, Inc. 1305 St. Claire Avenue Sheboygan, WI 53081 (414) 458-8261 Sheboygan County	Day Care	ED, SMR, TMR, EMR, V, H, LD, SH, PH/MH	0-3 15-21
Richland Community Child Care Center 400 E. Seminary Street Richland Center, WI 53581 (608) 647-6281 Richland County	Day Care	IND	3-5
St. Francis Children's Activity & Achievement Center 6700 N. Port Washington Rd. Milwaukee, WI 53217 (414) 351-0450 Milwaukee County	Day Care	ED, SMR, TMR, EMR, V, H, LD, SH	0-14
St. John School for the Deaf 3680 S. Kinnickinnic Avenue Milwaukee, WI 53207 (414) 744-0136 Milwaukee County	Residential Day Care	H	3-21

Name, Address Phone Number, County	Residential Day Care	Handicapping Condition(s) Served*	Age Range Served
St. Mary's Hill Hospital 2350 N. Lake Drive Milwaukee, WI 53211 (414) 271-5555 Milwaukee County	Residential	ED	3-21
Sheltered Activity Center, Inc. 1008 W. Hyland Avenue Kaukauna, WI 54130 (414) 766-3768 Outagamie County	Day Care	SMR, TMR, EMR, SH, PH/MH	0-21
Southern Wisconsin Center for the Developmentally Disabled Box 100 Union Grove, WI 53182 (414) 878-2411 Racine County	Residential	ED, SMR, TMR, EMR, V, H, SH, PH/MH	3-21
Threshold Preschool Center 600 Rolfs Road West Bend, WI 53095 (414) 338-1188 Washington County	Day Care	ED, SMR, TMR, EMR, V, H, LD, SH, PH/MH	1-3
Winnebago County Asso. for Retarded Citizens Developmental Disabilities Nursery 1628 N. Main Street Oshkosh, WI 54901 (414) 235-6560 Winnebago County	Day Care	SMR, TMR, EMR, V, H, LD, SH, PH/MH	0-3
Winnebago Mental Health Institute Box H Winnebago, WI 54985 (414) 235-4910 Ext. 476 Winnebago County	Residential Day Care	ED	3-21

5. Licensed Day Care Programs

One of the major requirements of a day care program is education. Some day care centers have programs for exceptional education students. All day care programs must be licensed. In order to be licensed, a day care center must provide--

1. opportunities for active and quiet periods;
2. outdoor activities;
3. individual and group activities;
4. experiences that help a child progress at own rate;
5. creative expression; and
6. intellectual stimulation and protection from overstimulation.

(IA) Activity 3	Check the "Day Care" section in the yellow pages or call your regional office of the Division of Family Services to assist you in identifying the licensed day care programs operating in your area. A list of regional offices follows.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
REGIONAL OFFICES

Office	Region
100 Second Street Ashland, WI 54806 (715)682-3405	Ashland, Bayfield, Burnett, Douglas, Iron, Price, Rusk, Sawyer, Taylor, Washburn

Office	Region
Shiek Plaza Rhinelander, WI 54501 (715)362-7800	Florence, Forest, Langlade, Lincoln, Oneida, Vilas
1181 Western Avenue Green Bay, WI 54303 (414)494-9641	Brown, Door, Kewaunee, Manitowoc Marinette, Menominee, Oconto, Shawano, Sheboygan
485 South Military Road Fond du Lac, WI 54935 (414)922-6810	Calumet, Fond du Lac, Green Lake, Marquette, Outagamie, Waupaca, Waushara
819 North Sixth Street Milwaukee, WI 53203 (414)224-4501	Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington, Waukesha
1206 Northport Drive Madison, WI 53704 (608)249-0441	Columbia, Dane, Dodge, Grant, Green, Iowa, Jefferson, Lafayette, Richland, Rock, Sauk
250 Mormon Coulee Road LaCrosse, WI 54601 (608)788-1000	Buffalo, Crawford, Jackson, LaCrosse, Monroe, Trempealeau, Vernon
718 West Clairemont Avenue Eau Claire, WI 54701 (715)835-6151	Barron, Chippewa, Clark, Dunn, Eau Claire, Pepin, Polk, Price, St. Croix
1681 Second Avenue South Wisconsin Rapids, WI 54494 (715)423-4305	Adams, Juneau, Marathon, Portage, Wood

6. Head Start

Head Start is a federally funded preschool educational program for children ages 3-5. Medical, dental, and nutritional services are provided to children enrolled. Programs provide social and educational services and parent involvement programs to families of children enrolled. No fees are charged. Families must meet income guidelines and live within the center's target area. Ten percent of the enrollment of each Head Start program must be identified as handicapped and receive appropriate services.

In 1969, Head Start was delegated from the Office of Economic Opportunity to the Office of Child Development in the U.S. Department of Health, Education, and Welfare, and has now become a program with the Office of Human Development at HEW.

For additional information contact the regional office of HEW:

Office of Child Development
300 S. Wacker Drive
15th Floor
Chicago, IL 60606
Phone: (312)353-1781

There are nearly 4,500 children in Head Start in Wisconsin, enrolled by grantees in 56 counties. The Wisconsin Head Start Handicap Services Advocate is located at 315 West Gorham Street, Madison, WI 53703 (Phone: (608)255-1456).

A directory of Wisconsin Head Start Programs follows.

HEAD START IN WISCONSIN

Grantee Agency	Head Start Director	Counties Served	# Children	Description of Program
Milwaukee Social Development Commission 161 West Wisconsin Ave. Milwaukee, WI 53203 (414)272-5600	Margaret Peterson 161 W. Wisconsin Ave. Suite 6146 Milwaukee, WI 53203 (414)272-5600 ext. 250	Milwaukee	1,468 Total	1 grantee-operated 6 delegate agencies part-day, full-day, home-based
Milwaukee Social Development Commission Child and Family Development Center 2822 North 5th Street Milwaukee, WI 53212 (414)562-8600	Gail Porath	Milwaukee	209	Classroom, home-based Part-day, Resource and Demonstration Center
Milwaukee SDC Delegate Agencies Day Care Services for Children 1901 North 6th Street Milwaukee, WI 53206 (414)263-1230	Helen Alexander or Ernestine Miller	Milwaukee	465	Center based, full-day and part-day home-based
Guadalupe Head Start 239 West Washington Milwaukee, WI 53204 (414)384-8260	Caryl Richter	Milwaukee	122	Center based, part-day home-based bi-lingual
Milwaukee Public Schools P. O. Box Drawer 10-K Milwaukee, WI 53201 (414)475-8076	Frances Starms		450	center based bi-lingual, fine arts, Montessori, traditional

Grantee Agency	Head Start Director	Counties Served	# Children	Description of Program
Next Door Foundation 3046 W. Wisconsin Ave. Milwaukee, WI 53208 (414)931-8611	Joanne Engel	Milwaukee	45	Home based
Northcott Head Start 128 West Garfield Milwaukee, WI 53212 (414)264-3780	Frances Martin		130	center based, part-day
Urban Day Head Start 1440 N. 24th Street Milwaukee, WI 53204 (414)933-9070	Sister Virgine Lawinger or Vernita Walker		60	center based, part-day
NEWCAP 126 Mott Street Oconto, WI 54153 (414)834-4621	Lauretta Willette Route 1, Box 48 Oconto, WI 54153 (414)834-2897	Florence, Forest, Marinette, Oconto	160	center based, part-day
Northwest CSA Post Office Box 554 1106 Tower Avenue Superior, WI 54880 (715)392-5127	Dave Cochrane P. O. Box 554 1106 Tower Avenue Superior, WI 54880 (715)392-5127	Ashland, Iron, Price, Douglas	339	center based, part-day
	Jean Jablonski, Asst. Dir. 110 West 2nd Street Ashland, WI 54806 (715)682-8242			
Racine County CAP 72 West 7th Street Racine, WI 53403 (414)637-8377 Racine Public Schools Delegate Agency	Patricia Rogers 2220 Northwestern Ave. Racine, WI 53403 (414)637-9511	Racine	345	Center based, double sessions

Grantee Agency	Head Start Director	Counties Served	# Children	Description of Program
Indianhead CAA 118 First Street Ladysmith, WI 54848 (715)532-6648	Mina Dawn Copeland Route #2 Webster, WI 54893 (715)349-2917	Burnett, Rusk, Sawyer, Taylor, Washburn	145	Center based
Jefferson County Special Education Room 219, Courthouse Jefferson, WI 53549 (414)674-2500 ext. 185	Don Meyer Room 219, Courthouse Jefferson, WI 53549 (414)674-2500	Jefferson	65	65 Head Start children integrated with 20 handicapped non-Head Start children
Kenosha Unified School District #1 652 - 52nd Street Kenosha, WI 53140 (414)658-2371	Nick Martinez 5821 - 10th Ave. Kenosha, WI 53140 (414)652-5444	Kenosha	210	Classrooms for 3-4 yr. olds Home based for 3 yr. olds
Marathon County Child Development Agency 518 South 7th Wausau, WI 54401 (715)845-9602 (715)842-7104	Cathy Okray 3405 Richards Road Wausau, WI 54401 (715)842-7104	Marathon	85	Part-day center based double sessions
Menominee CAP-ONA P. O. Box 397 Keshena, WI 54135 (715)799-3341 ext. 49	Delores Boyd P. O Box 397 Keshena, WI 54135 (715)799-3384	Menominee	115	Center based Full day
Merrill Area Public Schools 1111 North Sales St. Merrill, WI 54452 (715)536-9422	James Wood 1111 North Sales St. Merrill, WI 54452 (715)536-9422	Lincoln (Merrill Area Public School	35	Full day, double session Center based Center for exceptional children

Grantee Agency	Head Start Director	Counties Served	# Children	Description of Program
Waukesha County Project Head Start P.O. Box 871 Waukesha, WI 53187 (414) 547-6776	Tim Nolan P.O. Box 871 Waukesha, WI 53187 (414) 547-6776	Waukesha	150	Center based full and part-day
West Central WI CAA 525 - 2nd Street Box 308 Glenwood City, WI 54013 (715) 265-4271	John Erickson P.O. Box 108 Downing, WI 54734 (715) 265-4271 Ext. 26	Chippewa, Dunn, Barron, Pepin, Pierce, Polk, St. Croix	169 Head Start 122 Parent Child Center	Coordination of variation in center and home-based; includes Parent Child Center, ages 0-3, with mandatory parent involveme
Western Dairyland EOC, Inc. 1728 Dewey Street Whitehall, WI 54773 (715) 538-4336	Neoma Risen 680 E. Eau Claire St. Mondovi, WI 54755 (715) 926-5188	Eau Claire, Buffalo, Trempeleau, Jackson	87	Center based, home-based, part-day, double session
Delegate Agency of Western Dairyland EOC Eau Claire Jt. Sch. Dist.	Cliff Stanford Eau Claire Jt. Sch. Dist. 1222 Mappa Street Eau Claire, WI 54701 (715) 834-8104	Eau Claire School District	53	Center based, part-day, double sessions
Wisconsin Coulee Region CAP 201 Melby Street Westby, WI (608) 634-3104	Jim Vermeul 201 Melby Street Westby, WI (608) 634-3104	Vernon, Crawford, Monroe, La Crosse	120	Center based
Reedsville Public Sch. Reedsville, WI 54230 (414) 754-4341	Richard Schall Reedsville Public School	Manitowoc	90	Summer only, center based

Grantee Agency	Head Start Director	Counties Served	# Children	Description of Program
Advocap, Inc. 174 W. Division St. Fond du Lac, WI 54935 (414) 922-7760	Valanne Hayes Jefferson School 115 E. 9th St. Fond du Lac, WI 54935 (414) 922-8600	Fond du Lac	105	Fond du Lac - 3 classrooms (4 year olds) 2 classrooms (3 yr. olds) Waupun - 1 classroom (4 year olds)
CAP Services, Inc. 5499 Hwy. 10 E. Stevens Point, WI 54481 (715) 341-3667	Linda Johnson 5499 Hwy. 10 E. Stevens Point, WI 54881 (715) 341-3667	Portage Waupaca Waushara Marquette	126	Combination Center/home based center 3 days per week. - home visit 2 times per month
CAC for the City of Madison and County of Dane 55 North Dickinson St. Madison, WI 53703 (608) 266-9731	Kwame S. Salter Dane Co. Parent Council, Inc. 802 Williamson St. Madison, WI 53703 (608) 266-3846	Dane	282	9 centers 3 home based
Central Wisconsin CAC 211 Wisconsin Avenue Wisconsin Dells, WI 53965 (608) 254-8353	Elizabeth Miller Project Head Start 211 Wisconsin Avenue Wisconsin Dells, WI 53965	Adams Juneau Sauk Columbia	168	7 center based 2 home based
Green Bay Public Schools P.O. Box 1387 Green Bay, WI 54305 (414) 497-3986	Gerald Whitehouse Director, Fed. Programs 201 Melby Green Bay, WI 54305 (414) 497-3986	Brown	135	center based 3 days per week

Grantee Agency	Head Start Director	Counties Served	# Children	Description of Program
Rock and Walworth Co.'s CAP Committee, Inc. Box 1429 2300 Kellogg Avenue Janesville, WI 53545	Kay NucIforo 2940 Center Avenue Highway 51 South P. O. Box 1429 Janesville, WI 53545 (608)756-4060	Rock, Walworth	241	Center based, home-based
Sheboygan Human Rights Association Box 246 Sheboygan, WI 53081 (414)458-1154	Margaret Roska Presbyterian Church 1429 N. 5th Street Sheboygan, WI 53081 (414)458-1154	Sheboygan	40	Part-day, modified home-based
Southwestern Wisconsin CAA 302 North Iowa Dodgeville, WI 53533 (608)935-2326	Dan Hebgen Governor Dodge School Route 3, Box 55A Mineral Point WI 53565 (608)987-3413	Iowa, Grant, Lafayette, Richland	107	Home-based, cluster groups, 3 days per week
South Wood County Child Care Center, Inc. 2139 - 8th Street South Wisconsin Rapids, WI 54494 (715)421-2066	Nellie Miller 2139 - 8th Street South Wisconsin Rapids, WI 54494 (715)424-1484	Wood, western Marathon	200	5 center based 1 home-based
University of Wisconsin--Oshkosh Head Start Child Development Center 800 Algoma Oshkosh, WI 54901 (414)424-2166	Joyce Wilcox Swart Educational Center UW-Oshkosh Oshkosh, WI 54901 (414)424-0237	Winnebago, Outagamie, Shawano	165	Center based, Mon.--Thurs. Home-based

Grantee Agency	Head Start Director	Counties	# Children	Description of Program
Bad River Tribal Council	Frances Fecteau Bad River Head Start Odanah, WI 54861 (715) 682-4674	Bad River Reservation	30	Center based, part-day
Lac Courte Oreilles Tribal Governing Board Route 2, Hayward, WI 54843 (715) 634-8934	Bernita Smith Route 2 Hayward, WI 54843 (715) 634-8934	Lac Courte Oreilles Reservation	50	Center based
Lac du Flambeau Tribal Governing Board	Mike Zimmerman Lac du Flambeau Head Start Lac du Flambeau, WI 54538 (715) 588-7006	Lac du Flambeau Reservation	43	Center based, part-day
Oneida Indias of Wisconsin, Inc. Route 4 De Pere, WI 54115 (414) 833-6841	Mary Ellen Hayes Box 226 Oneida, WI 54145 (414) 869-2857	Brown, Outagamie	50	Center based
Stockbridge Munsee Tribal Council Route 1 Bowler, WI 54416 (715) 793-4678	Arletta Davids Route 1 Bowler, WI 54416 (715) 793-4420	Shawano	24	Center based, part-day
Winnebago Business Community Room 307 Nelson Hall-UW St. Point Stevens Point, WI 54481	Vaughn Pettibone Route 3, Box 318D Cranmore School Wisconsin Rapids, WI 54494 (715) 887-3206	Winnebago Tribal Trust Areas	80	Center based

(IA) Activity 4 Fill out this grid on specific educational services in your community.

AGENCY OR SERVICE Contact/Person Address/Phone	Income Eligibility Requirements	Handicapping Conditions Served	Type Of Program Center/Home	Age Range Served	Length Of Day	Teaching Staff (daily)#	Teacher-Pupil Ratio

OBJECTIVE IB

Develop an awareness of organizations and parent groups concerned with the welfare of EC:EEN children and their families.

(IB) Activity

The following index is grouped according to disability. Read through and add the addresses and phone numbers of local agency contacts as a first step to establishing a personal directory.

PARENT GROUPS, ORGANIZATIONS, AND SERVICES

ADVOCACY FOR ALL DISABILITIES..

AUTISM...

CHILD ABUSE..

EPILEPSY...

HEALTH IMPAIRMENTS...

HEARING IMPAIRMENTS..

LEARNING DISABILITIES..

MENTAL RETARDATION...

PHYSICALLY AND MULTIPLY HANDICAPPED.....................................

VISUAL HANDICAPS...

ADVOCACY FOR ALL DISABILITIES

Closer Look

Box 1492
Washington, DC 20013
(202)833-4160

A national organization that provides information to parents about their rights, about how to get appropriate services for their children, and about groups parents can work with to help eliminate barriers and open up new opportunities for handicapped children. Closer Look publishes a newsletter, Closer Look Report, at no cost to parents. It contains current information on services, legislation, and other information pertinent to those concerned with handicapped children. In addition, Closer Look provides publications for parents in different areas of exceptionality and lists of services available in each state. Closer Look is an excellent first contact for parents. For more information, call or write the national office.

National Center for Child Advocacy

Department of Health, Education, and Welfare
Office of Child Development
P. O. Box 1182
Washington, DC 20013
(202)755-7816

A national center, located in the Children's Bureau of OCD, which carries out over thirty-four developmental and demonstration programs and provides technical assistance (TA) and dissemination and utilization of activities to help local and state agencies increase and improve child welfare services. The Center is concerned with parenting and with special target groups such as migrant and Indian children, foster home placements for all children including handicapped children, adoption, unmarried parents, and institutionalized children. For further information concerning TA available or projects located in your area, contact the Children's Bureau Specialist in your HEW Regional Office.

National Center for Law and the Handicapped

1235 N. Eddy Street
South Bend, IN 46617
(219)288-4751

A national center established to ensure equal protection under the law for all handicapped individuals. The center provides three types of services: legal, education, and research. The legal component has direct involvement in court cases and in drafting model legislation affecting the handicapped. The education component provides workshops and seminars to inform the public about the rights of handicapped persons. The research component compiles materials that assist in the activities of the legal and education components. For further information, contact the national center.

Wisconsin Coalition for Advocacy

2 West Mifflin Street
Madison, WI 53703
(608)251-9600

The Wisconsin Coalition for Advocacy (WCA) is an independent, private, non-profit corporation with a fifteen member Board of Directors appointed by the governor. WCA exists for the sole purpose of protecting and advocating the rights and interests of developmentally disabled individuals.

AUTISM

Madison Area Society for Autistic Children

4333 Lilac Lane
Madison, WI 53711
(608)274-6828 or (608)222-2038

National Society for Autistic Children

169 Tampa Avenue
Albany, NY 12208
(518)489-7375

National Information and Referral Service for Autistic and Autistic-Like Persons

306 - 31st Street
Huntington, WV 25702
(304)697-2638

A national society dedicated to the education and welfare of children with severe disorders of communication and behavior. The society's major activities are dissemination of materials on autism to the general public and annual regional and national meetings on autism. The society operates an information and referral service and supports research into the causes, treatment, and possible cures for autism. For further information, contact the national office.

CHILD ABUSE

Parents Anonymous

Parents Anonymous was founded in 1970 by a dynamic woman who calls herself "Jolly K." Her training to be a mother included brief stays at 100 foster homes and 32 institutions, a fifth-grade education, and two disasterous marriages. Twice, she came close to killing one of her two children. Fortunately, she knew she needed help, but no agency was prepared to give the kind of help she needed. After three years of search for such help, a social worker suggested that she form her own group of mothers like herself who could help one another solve their own problems.

Today, over 150 chapters across the country speak for the success of this approach. It is providing an answer to a problem some experts once thought hopeless. This group experience offers an identity, a feeling of worth, and self-respect for the parent who wants to solve his problem.

Some Principles of Parents Anonymous:

- —There are no connections with any social agency or other organization. However, community resources are used as needed.
- —The identity of members is strictly on first-name only. (A member may use a name other than his own.)
- —All problems are shared in confidential trust within the group.
- —No one will be judged by the type of abuse. All members understand that they have a common problem that must be changed.
- —Success of the program depends on the honesty and effort each member puts into understanding and changing his own behavior.

See the yellow pages for the local hotline in your area.

EPILEPSY

Epilepsy Foundation of America

1828 L. Street, N.W. Suite 406
Washington, DC 20036
(202)293-2930

A national foundation whose primary purpose is to promote, conduct, and support programs that deal with the causes and comprehensive treatment of epilepsy. The major activities are public and professional education and a national information, referral, and advocacy program. There are 100 local affiliates that have a variety of programs supporting the national programs.

Wisconsin Epilepsy Association

1954 East Washington Avenue
Madison, WI 53704

The Wisconsin Epilepsy Association is concerned with epilepsy as it affects all aspects of life, and all parts of Wisconsin. The state has been divided into nine regions, each of which has a board of directors and active chapter membership. The chapters carry out local programs with the assistance of WEA staff. Wisconsin Epilepsy Association is the sole epilepsy referral, information, and education center for the state of Wisconsin. Their "School Alert" program could be of assistance to early childhood special education programs. The program covers types of seizures, first aid, and social implications.

Epilepsy Program and Information Center (EPIC)

6414 Copps Avenue
Suite 110
Monona, WI 53716
(608)222-4163

Hours: 8:30 a.m. - 2:30 p.m., M-F, or by appointment

This organization provides a variety of services. The free Speakers Bureau offers trained speakers who present a film and information to groups. Other services include support groups for those with epilepsy and their families, information workshops for parents, books to borrow, and free informational pamphlets.

HEALTH IMPAIRMENTS

American Diabetes Association

600 Fifth Avenue
New York, NY 10020
(212)541-4310

A national voluntary health organization involved in research and in education of patients, physicians, and other medical professionals and the general public about both juvenile-onset and adult-onset diabetes. Materials are available through the association for parents, school nurses and teachers on how to recognize the symptoms of diabetes and how to treat its reactions. Most state affiliates sponsor summer camps for diabetic children. For more information, contact your local affiliate or chapter.

American Heart Association

7320 Greenville Avenue
Dallas, TX 74231
(214)750-5300

A national voluntary health organization that acquires, disseminates, and applies knowledge concerning normal heart and circulatory function and the cause, diagnosis, prevention, and treatment of disorders of circulation and diseases of the heart, blood vessels, and lymph vessels. A primary function of the association is to fund research and to fund programs to implement new research findings. In addition, the association helps train hospital staff and other professionals and non-professionals in cardiopulmonary resuscitation and sets standards for all CPR training programs. Heart disease in the young is a priority for the association. Local chapters can provide referral information to services in existing community resources.

Cystic Fibrosis Foundation

3379 Peachtree Road NE
Atlanta, GA 30326
(404)262-1100

A national voluntary health organization that supports research to conquer Cystic Fibrosis and medical care for its victims, as well as public and professional educational programs benefiting children with all lung-damaging diseases.

Materials on cystic fibrosis are available for parents, researchers, and teachers. Over 100 Cystic Fibrosis Centers that specialize in diagnosis and treatment are available in hospitals throughout the U.S. For more information, contact your local chapter or the national headquarters.

Early Periodic Screening Diagnostic and Treatment (EPSDT)

Bureau of Prevention
Division of Health
Department of Health and Social Services
Room 453
1 West Wilson Street
Madison, WI 53702

The purpose of EPSDT is to detect diseases and handicapping conditions in the young before they become irreversible, and to provide a way for the medically indigent to enter the mainstream of U.S. medical care. People under age 21 can receive a range of medical services in the course of which the high risk individual is identified. (Applicants must conform with the regulations in the state's Title XIX plan.) The term EPSDT not only means screening, but includes a full range of services from outreach through screening to diagnosing treatment and follow-up. Services include tests for height, weight, vision, hearing, anemia, in addition to dental assessment and immunization.

Food and Nutrition Services

Department of Public Instruction
126 Langdon Street
Madison, WI 53702

These services assist schools and child care institutions provide food service programs that contribute to the nutritional well-being of children, and to encourage good eating habits necessary for good health.

Programs include: National School Lunch Program, School Breakfast Program, Special Milk Program, Child Care Food Program, Summer Food Service Program for Children, Food Service Equipment Assistance Program, and Commodity Distribution.

Wisconsin Heart Association

1245 East Washington Avenue
Madison, WI 53704
(608)251-0922

HEARING IMPAIRMENTS

Alexander Graham Bell Association for the Deaf

3417 Volta Place NW
Washington, DC 20007
(202)337-5220

A national, private non-profit organization founded by Alexander Graham Bell to promote training in the use of residual hearing and speech. The association publishes books for parents and teachers on teaching and guiding deaf and hearing-impaired children and has the world's largest public library dealing with deafness. In addition, the association publishes the Volta Review and a newsletter. Among the activities of the association is the project Hearing Alert, which is a public service campaign to alert people to the signs of hearing impairments in infants. The association places high priority on early detection and early amplification if appropriate and on parent-infant programs and home training programs for young children. The membership consists mainly of parents, teachers, and oral deaf adults. The association has recently completed a cirriculum guide, Hearing Impaired Children (Birth to Three Years) and Their Parents, describing the components of a comprehensive infant program for children 0-3 years of age. Price is $16.50 and is available from the association.

State Service Bureau for the Deaf

106 East Doty Street, Room 220
Madison, WI 53703
(608)266-8081 (voice), or (608)266-8083 (teletypewriter)

Hours: 8:30 a.m. - 5:00 p.m., M-F
Cost: Charge only for interpreting services (Have special fund for interpreting services in cases where funds from other sources are unavailable)

The State Service Bureau for the Deaf provides a multitude of direct services for the hearing impaired. Along with their information and referral service they also do individual and family counseling, instruction of the manual alphabet and sign language, and provide an answering service through the use of a teletypewriter for the deaf. A list of interpreters that hearing persons can contact and interpreting services for the deaf are also available through this agency. In addition to a bi-monthly information publication, the bureau provides inservice training to professionals as well as family members of children with a hearing impairment.

Wisconsin Hearing Conservation Program

Wisconsin Department of Public Instruction
Division for Handicapped Children
Bureau for Crippled Children
126 Langdon Street
Madison, WI 53702
Contact Person: Clark Wright-Edwards

The Division for Handicapped Children-Bureau for Crippled Children has been operating since 1947.

The bureau's program of hearing conservation was established to locate children with impaired hearing; to provide diagnostic otologic examinations and evaluations for children found to have significant hearing losses; to correct and rehabilitate whenever possible through medical and surgical care and special education; and to encourage local communities to continue hearing conservation programs. This service is especially concerned with those children who have enough residual hearing for regular classroom attendance provided they are given special consideration in preferential seating, speech therapy, speech reading, auditory training, and/or amplification.

The program is financed through federal and matching state funds. It is sanctioned by the Department of Public Instruction and the state and local medical societies.

1. Children are initially screened by volunteers and/or nurses in their schools or clinics.
2. Those children who fail the second screening are given a more detailed test (threshold) by a technician trained by the BCC audiologist.
3. Those results are routed by the nurse to the BCC audiologist.
4. The audiologist selects those children to be seen at the otologic field clinic.
5. The nurse then invites the child and his parent to attend the clinic.
6. In most cases, the clinic is held aboard a specially equipped bus (OTOMOBILE). A complete audiological test suite is aboard for further hearing evaluations that may be necessary. The doctor's examining room is equipped for complete diagnostic examinations. The local nurse assists the doctor at this clinic.
7. A board-certified otologist (ear doctor) examines the child to determine the cause of the hearing problem.
8. The parent is then told the nature of the problem and what can be done to correct it.
9. A written report is sent to the family physician, the nurse, and the school.
10. Financial assistance is available through the BCC for those families in need. This assistance may cover further evaluations, medical intervention, and purchase of hearing aids. In 1977-78, the BCC assisted in the purchase of 350 hearing aids. Approximately the same number is anticipated annually.

LEARNING DISABILITIES

Association for Children with Learning Disabilities

4156 Library Road
Pittsburgh, PA 15234
(412)881-1191

A national voluntary organization with affiliates in every state except Wyoming with 763 local chapters. ACLD provides an initial contact for parents and professionals seeking help for a person they feel might have a learning disability. Services include school program development and implementation, in particular for early identification and diagnosis of learning disabilities; advocacy through the governmental affairs committee; provision of books, pamphlets, and articles on learning disabilities through a resource center with over 400 publications; encouragement of research; and public awareness activities. ACLD publishes a bi-monthly news brief on current development in the field of learning disabilities. For further information, contact your local chapter or the national office.

Madison Learning Disabilities Association

2227 Commonwealth Avenue
Madison, WI 53705
(608)238-3698

The Orton Society, Inc.

Suite 115
8415 Bellona Lane
Towson, MD 21204
(301)296-0232

The Orton Society, Inc. is a national scientific and educational association concerned with the problem of specific language disability or developmental dyslexia. It was founded in 1949 and named in honor of Dr. Samuel T. Orton, a well-known American pioneer in this field. It publishes the annual Bulletin of the Orton Society, a professional journal about specific language disability.

MENTAL RETARDATION

American Association on Mental Deficiency

5201 Connecticut Avenue, NW
Washington, DC 20015
(202)686-5400

A national interdisciplinary association in the field of mental retardation. Regional and state chapters sponsor regional, state, local, and student meetings. The national association sponsors an annual convention, including two-day training workshops as well as scientific and programmatic information about the field of mental retardation. AAMD publishes two journals: American Journal on Mental Deficiency and Mental Retardation, and has a variety of other publications that can be used by professionals and others concerned with mental retardation. The association sponsors a committee on the prevention of mental retardation and has an interest in supporting legislation concerning mentally retarded persons. AAMD has published Adaptive Behavior Scales for individuals ages 6 through over 60 and is currently working on an extension of these scales through infancy for both the school and the institution versions of the scale. The extension will be available sometime after 1978. For further information, contact the national office.

National Association for Retarded Citizens

2709 Avenue E. East
P. O. Box 6109
Arlington, TX 76011
(817)261-4961

A national voluntary organization devoted solely to promoting the welfare of retarded persons and their families. Inspired originally by a small cluster of parents of mentally retarded children, NARC has grown to include over 1900 state and local ARC's with more than 300,000 adults and 20,000 youth members. Previously known as the National Association for Retarded Children, NARC promotes programs designed to assist mentally retarded individuals of all ages in achieving their greatest potential while living, as much as possible, a normal life style. Research into the many unknown causes of mental retardation and its prevention, as well as possible cures, are high priorities of the association for both parents, professionals, and other interested persons. Infant development centers are sponsored by some of the local chapters as well as day care centers, recreation programs, and summer camps. NARC currently has a BEH grant for a program in teacher-parent training to assist teachers and parents of severely/profoundly retarded children prepare for and implement mainstreaming.

Wisconsin Association for Retarded Citizens

2700 Laura Lane
Middleton, WI 53562
(608)831-3444

The Association for Retarded Citizens is represented by local member units in every area of Wisconsin, most organized on a county basis. Parents of persons who are retarded, professionals, and other interested citizens are members. The State ARC, representing Wisconsin's local units, is governed by a board of directors made up of elected officers and delegated representatives, one from each unit. Locally, ARC's work to develop special public school classes, sheltered workshops, community residential living systems, and other facilities to serve more than 130,000 retarded citizens who live in Wisconsin's communities. Also houses Wisconsin's Special Olympics, Inc. ((608)831-3373)

PHYSICALLY AND MULTIPLY HANDICAPPED

March of Dimes, National Foundation

1275 Mameroneck Avenue
White Plain, NY 10605
(914)428-7100

A national foundation with the primary goal of the prevention of birth defects. To achieve this aim, the foundation supports programs of research, medical service, and professional and public health education.

March of Dimes, Wisconsin

502 East Main Street
Madison, WI 53703
(608)257-5151

Hours: 9:00 a.m. to 5:00 p.m., M-F
Cost: No charge

The primary goal of the March of Dimes is to provide information to individuals with birth defects and aid to families of children born with birth defects. Some funds are available for individuals in need.

Muscular Dystrophy Association

810 Seventh Avenue
New York, NY 10010
(212)586-0808

A national volunteer health organization that raises money for a number of services for persons with muscular dystrophy and other related neuromuscular diseases. Among the activities of the association are patient service programs such as summer and winter camps, provision of orthopedic appliances at no cost, project research grants, and fellowships.

Muscular Dystrophy Association of Wisconsin

1414 East Washington Avenue, #90
Madison, WI 53703
(608)257-4233

Hours: 9:00 a.m. to 12:00 p.m., 1:00 p.m. to 5:00 p.m.
Cost: No charge

The medical services program administered by MDA chapters provides: comprehensive diagnostic examination; follow-up medical management; counseling; orthopedic aids such as wheelchairs, braces, and hydraulic lifts; physical and occupational therapy; recreation at summer camp; and special outings. Transportation is provided for visits to MDA clinics, school, and place of employment.

National Easter Seal Society for Crippled Children and Adults

2023 West Ogden Avenue
Chicago, IL 60612
(312)243-8400

A national organization whose major purpose is to provide rehabilitation services to those persons with physical handicaps through Easter Seal's nationwide network of rehabilitation and treatment centers, sheltered workshops, employment services, residential and day camps, and mobile and home therapy units. Among the services offered are physical, occupational, vocational, and speech therapy, anong with evaluation and counseling for those persons with speech and hearing disorders. Family counseling, special education programs, transportation, and referral services are also provided. The national society disseminates educational information on cerebral palsy and on other physical handicaps and sponsors many different programs and services for handicapped children. For further information contact the National Information Center in the national office.

Easter Seal Society of Wisconsin

2702 Monroe Street
Madison, WI 53711
(608)231-3411

Hours: 8:00 a.m. to 4:30 p.m., M-F
Cost: Resident camping: $195.00 per two-week session. (Easter Seal's Camp Wawbeek and Pioneer Camp) All services and programs are based on ability to pay.

The Easter Seal Society exists to provide a broad program of direct services to the handicapped citizens of Wisconsin.

Camp Wawbeek

Provides true camping experiences for the orthopedically handicapped on a 400 acre wooded site near Wisconsin Dells. It offers outdoor living, recreational adventures, and social contacts during two-week sessions for children and adults between the ages of 8 and 50.

Homecraft Program

Maintains outlets merchandising products produced by homebound handicapped producers. The outlets return 90 percent of the selling price of each article sold to the producer.

Parent-Child Training Institute

Provides preschool children (ages 3-6), accompanied by a parent, with an extensive treatment program. Parents also receive instruction on carrying out home therapy treatments with their children.

Child Development Center

Offers specialized psychological and educational services to children having intellectual, social, behavioral, and/or emotional handicaps. Educational group programs are offered for children from 3 to 8 years of age, and academic tutoring for those between 5 and 12.

Direct Assistance

Provides the handicapped in need of care and treatment with assistance for securing needed prosthesis, appliances, or equipment.

American Association for the Education of the Severely/Profoundly Handicapped (AAESPH)

1600 West Armory Way
Seattle, WA 98119
(206)543-4011

A newly organized national association which brings together parents, professionals, and students concerned with the education of severely and profoundly handicapped citizens. The organization includes professionals from a variety of disciplines, such as special education, teacher training, occupational therapy, physical therapy, speech and language therapy, legal administration, special education administration, social work, and psychology. The association publishes a journal, AAESPH Review, and a monthly newsletter.

Spina Bifida Association of America

343 South Dearborn Street
Chicago, IL 60604
(312)662-1562

A national volunteer association distributing information on spina bifida to parents and professionals. Local chapters are located throughout the country to provide more direct support to parents and professionals, including representatives who can meet and talk with parents, group meetings with speakers, and referral to existing community resources. A second purpose of the association is the education of the general public about persons with spina bifida and other physical disabilities. For more information, contact the national office.

Wisconsin Spina Bifida Association

209 Shilloh Drive
Madison, WI 53705
(608)836-8969

United Cerebral Palsy Associations, Inc.

A national association to meet the information and service needs of people with cerebral palsy and other disabilities and their families and to conduct research into the cause and prevention of cerebral palsy and into materials for enriching the lives of persons with cerebral palsy. The major activities are information, referral, and follow along services to individuals; consultation and stimulation of program development to affiliates and other agencies; and funding of a national research program. The national office conducts the National Collaborative Project to provide comprehensive services to atypical infants and their families through development of model programs for intervention with children under three years of age. For further information, contact the national office.

United Cerebral Palsy of Wisconsin, Inc.

315 West Gorham Street
Madison, WI 53703
(608)251-6533

United Cerebral Palsy of Wisconsin assists its local affiliates, works with governmental and private agencies as an advocate for the cerebral palsied individual, informs and educates the public about this disability, and sponsors symposiums, workshops, and seminars for those professionals and others who work with the cerebral palsied.

VISUAL HANDICAPS

American Foundation for the Blind

15 West 16th Street
New York, NY 10011
(212)924-0420

A private non-profit agency that collects and disseminates information, conducts research, and advises on matters that improve services to blind persons. The foundation provides a wide variety of services for the blind, for the general public, and for professionals, including the production and sale of 400 different aids and appliances, information and referral services, and the recording and manufacture of talking books. In addition, specialists in education are available to assist local agencies and schools in program planning, administration, and staff development for programs serving blind children.

American Optometric Association

7000 Chippewa Street
St. Louis, MO 63119

The AOA conducts public awareness programs. Literature is available upon request.

American Printing House for the Blind

1839 Frankford Avenue
Louisville, KY 40206

Write in and request free mailing list on products for the blind. Specify your interest in: Braille publication, large type publication, educational and other aids, talking book publications, Braille music publication, and/or cassette tapes.

Association for the Education of the Visually Handicapped

919 Walnut Street
Philadelphia, PA 19107

The association improves teaching materials and methods for visually handicapped persons. Publishes a quarterly journal, Education of the Visually Handicapped.

Lions Club

One of the major emphases of service is special projects for the visually handicapped. To find the club nearest you, check the phone book.

Other service clubs that may have special community projects for the handicapped are: Kiwanis, American Legion Post, Eagles, Rotary, Elks, Jaycees, Jaycettes, Wisconsin Federation of Woman Clubs, Optimists, and Knights of Columbus.

National Society for the Prevention of Blindness

79 Madison Avenue
New York, NY 10016

The society provides public education materials that include promotion of preschool vision screening. Write to the National Society for the Prevention of Blindness for the brochure on the "Home Eye Test for Preschoolers," as well as other information, including films and eye safety posters.

Wisconsin Society for the Prevention of Blindness

759 North Milwaukee Street
Milwaukee, WI 53202
(414)765-0505

All licensed day care centers in Wisconsin may receive free screenings for vision through the Prevent Blindness Project by the Wisconsin Society for the Prevention of Blindness. Its screening program is usually conducted by volunteers from the community. Wisconsin Society for the Prevention of Blindness staff comes to a community and trains volunteers in vision screening techniques. In many communities the vision screening occurs annually.

Wisconsin Council of the Blind

1245 East Washington Avenue
Madison, WI 53703
(608)255-1166

Hours: 8:00 a.m. to 4:00 p.m., M-F
Cost: No charge

This service provides all blind citizens with free braille and recorded magazines, free white canes, and organized recreation. There are a variety of other services for adults.

Wisconsin Optometric Association, Inc.

5721 Odana Road
Madison, WI 53711
(608)274-4322

GOAL II

The teacher will provide information to members of the community to improve their understanding of the EC:EEN program.

OBJECTIVE IIA

Develop a channel to disseminate information on your program to the general public.

(IIA) Activity	**Choose two of the media described below and develop for your own purposes of disseminating to the general public. Some examples follow the descriptions.**

Brochures: An interesting, imaginative brochure can be a very good introduction of services for other organizations, patents, and others. A high school graphic arts department or a local print shop may help you with ideas for brochures. Many high schools can help with printing.

Newsletters: Can tie together your programs and its recipients, improve the visibility and image of your program, and maintain communication with families and other agencies that may provide services to the child and family. If your district already has a newsletter, use it. Do not isolate your exceptional educational program from the rest of the district.

Open Letters: Usually the best way for the small staff to keep parents and other interested persons up to date on activities and events. This letter can be used to report periodically on changes in your program, new laws, other programs in the community (like public health nurses or new day care operations), etc.

Open Houses: Regularly held (seasonal, mid-year). One common practice is to have the parents and/or other professionals come in for half-day programs, and to follow the same routine children do to give the adults the feel of the classroom.

Media Presentations: The development of a slide presentation is not a difficult undertaking. Twenty-five to forty slides of your students and classroom can show your program to parents or professional groups. A brief narration to accompany the slides will make it a more effective presentation. You may want to pre-record your narration on tape.

Press Releases: Submit short articles about your program to the local media. Then follow up with a phone call. If your article is published, you will have reached many people in the community. Possible subjects include:

1. Special projects
2. Holiday Parties
3. Parent visitation
4. New staff

Sample "two-fold" brochures from Spring Green and the Portage Project follow.

Early Childhood Program

River Valley Public Schools
Spring Green, Wisconsin

Ages Three to six

H-51

WHO: Is eligible for this program?

Any child living within the River Valley School District who is between the ages of three to five years and has an Exceptional Educational Need.

WHAT: Is an Exceptional Educational Need?

An Exceptional Educational Need is a condition that does not allow the child to be able to learn in a regular educational setting. For example:

- physical handicap
- mental retardation
- developmental delay
- hearing impairment
- visual disability
- speech delay
- language delay
- emotional disturbance
- learning disability

WHERE: is the program held?

The program is housed in the Spring Green Brick Elementary School.

WHEN: are classes held?

Classes are held during the school calendar year. The program operates on a half day basis.

WHY: is this program important?

Children with exceptional educational needs will have a great deal of difficulty learning when they reach school age unless they receive formal training at an earlier age. Some of the skills taught are:

- gross motor
- fine motor
- self help
- social
- speech
- language
- visual
- auditory
- tactile

HOW: is this program funded?

This program is 70 percent state funded and 30 percent funded by Title VI-B the first year. The River Valley School District will assume responsibility after that.

Transportation to and from the program is provided.

Home visits are made by the teacher on a regular basis. Parent involvement is an essential part of the program.

The children in this program have no labels attached. This program is not designed only for retarded children. Any child with an exceptional educational need is a potential student.

No matter how mild the problem, if you know of a child who is not functioning at age level and you would like more information, please contact:

Early Childhood Program
River Valley Public Schools
Spring Green Elementary
Spring Green, WI 53588
(608)588-2559

OBJECTIVE IIB

Provide relevant information to the child's family.

(IIB) Activity	Review these questions and answers regarding the educational services available to the EC:EEN child.[1]

1. Why is there so much confusion on the part of parents and others regarding education services to young handicapped children below age 6?

   It is a fact that a number of programs and/or agencies, both public and non-public, provide similar services and programs for children under age 6. This can cause confusion to parents who may not know where to look for services particularly suited to their needs.

2. Isn't it true that local school districts must provide an educational program for handicapped children beginning at age 3?

   Yes, under Chapter 115 of the Wisconsin Statutes. However, because children under the age of 5 are not required to attend school, parents retain the right to choose another program, if they think it is more appropriate to their child's needs.

3. What kinds of early childhood programs do the schools offer?

Most often, Early Childhood Programs for Children with Exceptional Educational needs are 1/2 day in centers in the school. Very often, in addition to a certified teacher, there is a teacher's aide.

4. What are some of the other educational programs available for children below the age of 5?

Many county 51.42/1437 (Unified Services) Boards offer services to children with developmental disabilities below age 3. These may be in-home programs, day service centers, or a combination.

Head Start is a federally-funded early childhood program for 3-4 year-olds. Besides enrolling low income children who have no particular handicapping condition, Head Start programs, by congressional mandate, are expected to reserve 10 percent of available enrollment slots for handicapped children. Also 10 percent of the children in Head Start may be from families whose incomes are higher than federal guidelines.

There are a number of day care centers that enroll children with exceptional needs. These are developmental programs that are geared to the requirements of working parents, although children who have socialization problems may also attend.

Finally, there are nursery schools, usually tuition based, that may also be able to meet many of the developmental needs of handicapped children.

5. What is the definition used by the Department of Public Instruction for Early Childhood: EEN?

A "Child with exceptional educational needs" means any child who has a mental, physical, emotional or learning disability which, if the full potential of the child is to be attained, requires educational services to the child to supplement or replace regular education. While EEN conditions include such things as: physical, crippling or orthopedic disability; mental retardation or other developmental disabilities; hearing impairment; visual disability; speech or language disability; emotional disturbance; and learning disability, such categorical labels are not required for a child to be placed in a generic EC:EEN program.

6. Do all these other programs use the same definition?

No, the definitions vary. Developmental disabilities are defined in the law as mental retardation, epilepsy, cerebral palsy, and autism.

Head Start definitions for handicapped children are: blindness, visual impairment, deafness, hearing impairment, physical handicap, speech impairment or communication disorder, health or developmental impairment, mental retardation, serious emotional disturbance, and specific learning disabilities. There are diagnostic criteria given for each of these conditions.

7. What are some of the agencies that are involved in a support capacity?

In each county, public health nurses provide health screening clinics known as Early Prevention, Screening, Diagnosis and Treatment (EPSDT). This is especially for children who are eligible for medical assistance.

The Bureau for Crippled Children, located in DPI, provides consultant services, screening and some other functions for children who experience physical handicaps.

Children who are eligible for Supplemental Security Income may receive consultive services for the Bureau for Children, Youth, and Families in the Department of Health and Social Services.

For parents who are income-eligible and who must work, the county social services department may provide financial assistance for day care.

In addition, there are a number of clinics in various parts of the state that specialize in offering diagnostic and evaluative services for young children.

8. It was mentioned previously that schools have legal responsibility for education of all handicapped children, starting at age 3. That being the case, why is it necessary to involve all these other groups?

For several reasons—one is that parents really must retain the right to choose the program they wish, for their child age 0-6. To make a wise choice, they must have information available that will assist them to choose a program that they perceive to be in the best interest of their child.

As professionals who are also dedicated to the best interests of children, we need to insure a cooperative effort among agencies in order to reach the goal of full service to handicapped children; that is their right, and our responsibility.

OBJECTIVE IIC

Assist other school personnel and related professionals in understanding the goals and function of the EC:EEN program.

(IIC) Activity 1

Brainstorm with staff and list ways to increase the school personnel's (school board included) understanding of your program.

Did you consider these?

1. Presenting a slide presentation of your program at an inservice and/or board meeting
2. Switching classes with other willing teachers for a day
3. Individually inviting school staff to come to visit (introduce them to the children and make it special)
4. Providing an explanation of your program in the school newsletter

(IIC) Activity 2

Review the DPI bulletin, "A Positive Difference." (A copy follows.) Ask parents in your program to give a copy to their family physician along with a testimony about how the program is working for their child. Or, send copies of the bulletin to local physicians. Copies can be ordered through the Department of Public Instruction, Publications Department, 126 Langdon St., Madison, WI 53702.

(IIC) Activity 3	Review the DPI bulletin, "Why School For 3-5 Year Olds?" Consider giving copies to parents, members of the school board, and others in your community. Order from DPI (address above).

(IIC) Activity 4

Start a file for each agency you contact. Log each contact and maintain a written form listing who made contact (with whom), reason for, and date. You could keep records in a file system or an index card box.

Examples of index file system:

Dr. Steve Martin 675-2362 (office)
Bayside Clinic

12-7-78--Received referral from Dr. Martin--he has requested a follow-up after educational assessment is completed. (i.e., Bonnie Douglas) J.P.

Mother Goose Day Care
Contact: Shirley Brown 632-1536

9-12-78--Requested information on after-school day care for Pete's Mom--they'll send. J.P.

10-2-78--Received invitation to attend Halloween Party with children in costume--Oct. 26, 9:30 a.m.

Example of log sheet:

AGENCY: ____________________

DATE	PERSON CONTACTED	PHONE, LETTER, VISIT	SUMMARY

GOAL III

The EC:EEN teacher will utilize available resources to understand and fulfill educational and other responsibilities required by law.

We have so far examined the need to understand the principal organizations, agencies, institutions, and other professionals serving EC:EEN children and families. This section will put this information together to develop an understanding of your role in child abuse, federal and state laws, record keeping, and advocacy.

OBJECTIVE IIIA

Understand the laws concerning child abuse and the services that are provided to help EC:EEN children and families with abuse problems.

(IIIA) Activity 1 Read the following:

Chapter 355/Sec. 48.981 (May, 1978) provides that all persons working with children are required to report cases of suspected child abuse or neglect by immediately contacting by telephone or in person the local law enforcement agency. The police then must investigate, and may temporarily place the child in protective custody. If criminal action is necessary, the police will refer the case to the district attorney for prosecution.

Persons required to report suspected cases of child abuse or neglect include school teachers, administrators, child care workers in any day care center or child caring institution, physicians, coroners, nurses, social or public assistance workers.

Anyone reporting in good faith an incident of child abuse is immune from all civil or criminal liability, including job protection.

(IIIA) Activity 2	Contact the Wisconsin Department of Health and Social Services, (Division of Community Services, Room 540, 1 West Wilson St., Madison, WI 53702) for a copy of the brochure: The Wisconsin Child Abuse and Neglect Act, and other relevant literature.

(IIIA) Activity 3	Read the brochure, Guidelines for Schools. Extra copies are available from Lorraine Davis at the Department of Public Instruction.

OBJECTIVE IIIB

Understand legislation concerning confidentiality of information and record keeping for the EC:EEN child and family.

(IIIB) Activity Read the following:

Student Records and Record Keeping

Wisconsin has a state law, sec. 118.25 Wis. Stats. (1975) and a federal law, known as the Family Educational Rights and Privacy Act (FERPA), that govern access to and confidentiality of student records. Both laws were enacted in 1974, and on June 17, 1976, the final Department of Health, Education, and Welfare regulations concerning student records went into effect.

The federal law applies to all educational agencies or institutions to which federal funds are made available under any federal program administered by the United States Commissioner of Education. Schools that fail to comply with the federal law risk discontinuance of their federal funds. Public elementary and secondary schools must also comply with the state pupil records law. Both laws—

1. require that a parent or an adult student be allowed to inspect or review records kept on the student by the school;
2. prohibit disclosure of information from a student's records to third parties, except in specifically enumerated situations, without the written consent of the parent or the adult student; and

3. require the school board to adopt a written policy governing access to and release of student records in a manner consistent with the law.

In addition to the above requirements, the federal law has some additional requirements. It provides that a school must adopt a policy whereby a parent or an adult student can request that the records or a portion of them be amended if it is felt the information is inaccurate, inappropriate, or misleading. The parent or student is entitled to a hearing, and if it is determined not to amend the record, the parent or the adult student must be given the opportunity to place a statement into the file.

The federal law also requires that a school district give annual notice to parents and adult students of what their rights are under the law. The notice must tell parents and students where they may obtain a copy of the school district's policy on student records and where a complaint may be filed if it is believed that the school district is not complying with the federal student records law.

The state records law provides that student "behavioral" records (all records except grades, attendance records, records of courses taken, and records of extracurricular activities) may not be kept for longer than one year after the student is no longer in attendance without written permission from the student. Since behavioral records might include items a student may not want destroyed (e.g., achievement test scores, medical records, and awards), it is important for students to be aware of this provision in the state law.

Under the laws, student "records" are defined as all information maintained on a student, except personal notes of teachers or other licensed school personnel if these notes are not shared with anyone else.

The laws permit schools to disclose information to third persons in some situations without the parent's or the adult student's written consent. For example, records can be disclosed to:

1. licensed school personnel who have a legitimate educational interest;
2. a court in response to a subpoena; and
3. the Department of Public Instruction, if it is required under the school law section of the statutes.

The situations under which information may be disclosed without written consent are not identical under the two laws. Local school district policies should be consulted to determine when information will be released without consent, though a school district's policy should be in conformity with both laws if possible.

Though the laws are different in some ways, in most cases a school district can be in compliance with both laws by complying with the stricter law. This is true because, while the federal law may permit practices not permitted by the state law, it doesn't require them.

Schools attempting to draft or revise student records policies should be aware of the differences between the state law and federal law, and should also keep abreast of any proposals for change in the state law. The basic premise of both laws is that parents have a right to know what information is being maintained by an educational institution about their child, and a right to decide to whom this information should be disclosed.

Parents of handicapped children have rights related to their children's records under final regulations for PL 94-142, published in the Federal Register on February 27, 1976. These regulations are similar to those for the Family Educational Rights and Privacy Act (FERPA), although they provide that parents of handicapped children may inspect and review any personally identifiable data concerning their child that was used in the process of identifying, evaluating, or planning for their child.

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OBJECTIVE IIIC

Understand the meaning of advocacy as it relates to the EC:EEN child and family.

(IIIC) Activity	How does the "Wisconsin Coalition for Advocacy" protect (see brochure) and advocate the rights and interests of developmentally disabled individuals? Read their enclosed brochure for more information.

Summary Activity for Goal III

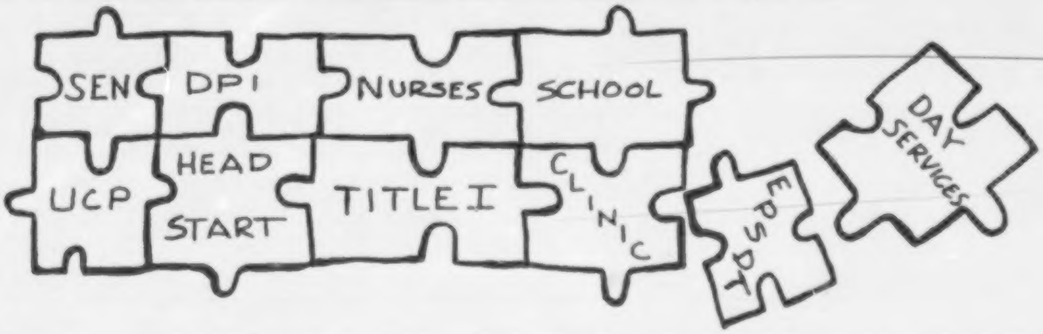
Answer these study questions to check your knowledge:

1. If one of your students was seriously neglected nutritionally at home, what would you do to help the student and the family?

2. What if a child in your class was obviously being abused physically by the parents? What action would you take?

3. Do parents of handicapped children have access to all educational records?

4. If a parent feels the need for a legal representative at a meeting with a multi-disciplinary team, whom would you recommend to help them?



GOAL IV

The EC:EEN teacher will work cooperatively with other service agencies for the benefit of the child and the family.

Before we can offer all the options available to each child and family, we need to organize service information from all agencies. Then we need to define overlaps and gaps in our services. Cooperation among agencies can eliminate duplicated programs and develop those that are not available. The more we cooperate, the more we will be providing quality services that are cost effective and consistent in the community.

OBJECTIVE IVA

Identify gaps and overlaps in services to EC:EEN children and their families.

(IVA) Activity

Use the information you have gathered on local agencies by filling in this checklist to show overlapping services and gaps.

COMPARISON OF COMMUNITY SERVICES

AGENCY OR SERVICE:	Ages 0-3	Ages 3-6	Screening, Diagnostic Evaluations	Medical (health & nutrition) Treatment	Educational Programming	Physical/ Occupational Therapy	Speech-Language	Family Support Service (counseling, etc.)	Supervisional Care (i.e., Respite Care)	Transportation

OBJECTIVE IVB

Coordinate and cooperate with agencies to improve the services to the child and the family.

(IVB) Activity 1

So far you've done a lot of leg work to learn about other agencies and acquire information about their services. The awareness level is present. Now what about sincere efforts to coordinate and cooperate? You may wish to contact the local CESA or Child Find to learn about present cooperative efforts in your community. After identifying overlaps and gaps in services, you can develop agreements to eliminate overlaps and fill in gaps. Agencies can cooperate through formal or informal agreements.

Formal and informal agreements are commitments made by participating agencies to assist in clarifying specific roles, responsibilities, and contributions of each agency.

Formal Agreements are statements in writing of what service each agency will contribute to the program and when. They usually take the form of a document stating the parties involved, one or more whereas clauses stating the present status of service and a therefore be it resolved clause stating the agreement or new arrangement. They should be signed by the administrative unit representative and representatives of all agencies involved.

Informal Agreements may be written or verbal. As the name implies, the wording is more casual. Cooperation and trust are implied.

(IVB) Activity 2 Here are some examples of current cooperative arrangements in Wisconsin.[2] Which of these arrangements do you think would require formal agreements? Informal agreements? Both?

1. The Head Start Center located at the University of Wisconsin-Whitewater is operated by the Jefferson County Handicapped Children's Education Board, the Head Start grantee. The children enrolled by Head Start and the children in Early Childhood: EEN are mingled together in a truly mainstream setting. It may indeed be difficult for the casual observer to determine which children are EEN and which are Head Start.

There have been some administrative problems to be sure. Some of the difficulty lies in reconciling the requirements of the National Head Start Performance Standards with those of the State Education Agency. Still others crop up as a result of shared time by the administrative staff working in both programs. Fiscal accountability is not always easy.

2. In the Merrill Area Public School System, the elementary education director has assumed the additional roles of Head Start and Title I Director.

Because the EC:EEN program is in the same building as the Head Start Center, coordination of the two programs becomes relatively simple. Services of the special education department personnel are provided to the Head Start program as in-kind, part of the local match of income.

Some children enrolled in Head Start, for whom it has been determined that special education services are needed, can stay in Head Start and receive such additional services as speech therapy with the other children in the EEN class. Occasionally, an EEN child who needs contact with children who are not handicapped will spend periods of time in the Head Start Center. There is a great amount of flexibility depending on the program recommended for each child.

3. In some situations Head Start and EC:EEN are not part of the same administrative structure, yet planned interaction between the children can take place if the necessary ingredients of communication and willingness to make an effort exist on the part of both systems. A notable example has developed between Coulee Region Head Start and the Sparta school system. Again, both programs will be housed in the same buildings, in this instance through a rental agreement. The agreement also includes plans for what is referred to as "team teaching," which should have the effect of providing the best possible services to the children enrolled.

4. One program unique to Wisconsin that provides mainstreaming to pre-school handicapped children is the Extended Day Care Project. Funding is given by the 51.437 Board to the United Cerebral Palsy project in Dane County. The project hires several certified teachers to provide support and training and technical assistance to cooperating day care programs, who then are able to enroll the children as part of their child care services. All of the children are enrolled in school-sponsored early childhood programs which are part-day only.

(IVB) Activity 3 Answer the following questions:

1. Your administrator has discussed the possibility of setting up a community screening program for 3 and 4-year-olds. He or she suggests that you take the responsibility for contacting the other agencies that are involved in screening efforts to explore the possibilities of coordinating the screening together. Whom would you contact in your community to coordinate such an effort?

2. Joey comes to class often with cuts, bumps, and bruises on his head and other parts of his body (back and legs). You are certain he is not clumsy and you have strong reason to believe he is being frequently beaten at home. He often makes statements indicating he has fear of his father. What should you do? Whom should you contact?

3. Billy is enrolled in your EC:EEN class. Billy's language development is delayed; however, your program has little in the area of speech and language therapy. An EC:EEN class in a nearby school has a speech therapist who is willing to work with Billy several times a week. What should you do first? Would it be better to work with Billy at your program, travel to the other school, or have the speech therapist work in Billy's home?

4. Parents of a seriously multiply handicapped child are considering having the child institutionalized. What alternatives would be open to them? How would you help the parents get the information and support they need to make such a decision?

NOTES:

1. T. Gaukel and C. Lehman, 'Clarification of Public Services To Young Handicapped Children,' unpublished paper prepared for Early Childhood State Implementation Grant, Wisconsin Department of Public Instruction, 1978. **Used by permission of the authors.**

2. Excerpted from Christine B. Lehman, The Integration of Preschool Handicapped and Non-Handicapped Children In Wisconsin, Issues Resources, Strategies for Implementation (Madison: Wisconsin Head Start, 1978), pp. 37-39. **Used by permission of the author.**

ADDITIONAL RESOURCES:

Department of Public Instruction, Division for Handicapped Children.
126 Langdon Street, Madison, WI 53702

Wisconsin Department of Health and Social Services, 1 West Wilson Street,
Madison, WI 53702.

Wisconsin Head Start Handicap Services Advocate, 315 West Gorham Street,
Madison WI 53703.

DPI Human Resources Directory, The Wisconsin Dissemination Project, Madison, WI, September, 1978, Wisconsin Department of Public Instruction.

Directory--Division of Community Services, Department of Health and Social Services (Operations and Support Section), Madison, WI, August, 1978.

Resource Directory, Compiled by R. Bailey and C. Olson, United Cerebral Palsy Extended Day Care Project, June, 1978.

Services For Wisconsin Communities, "The Orange Book", Office of Research and Policy Analysis, Madison: Department of Local Affairs and Development, 1978.

ADMINISTRATIVE ASPECTS

The Early Childhood: Exceptional Educational Needs Teacher will understand historical, legal, and administrative aspects of EC:EEN programs.

Dave Franks
Teacher Trainer
UW-Whitewater

Trish Modell
EC:EEN teacher
West Allis

Linda Kunelius
Director of Special Ed.
Antigo

Kathy Anderson
Child Find
Sheboygan

Mary Bross
Teacher Trainer
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Sue Treb
EC:EEN Support Teacher
CESA #6

John Foley
Director of Special Ed.
Middleton

Bill Sinclair
Director of Special Ed.
DePere

Neil McQuarrie
Graduate Student
UW-Whitewater

PURPOSE

Teachers in many EC:EEN programs do far more than teach. They can be (and have been) involved in everything from planning to the operation and management of EC:EEN programs.

The cooperative efforts of many people are needed in a school, perhaps especially in the education of young handicapped children. Because EC:EEN programs are still developing, teachers are probably more flexible in their roles and more able to participate in administration and other areas as they want to.

Even if you are not personally a part of administrative decisions in your district, it is important for you to be aware of legal and other administrative aspects of EC:EEN programs, both historically and in present day.

ADMINISTRATIVE ASPECTS

The Early Childhood: Exceptional Educational Needs Teacher will understand historical, legal, and administrative aspects of EC:EEN programs.

GOAL I The EC:EEN teacher will be aware of the evolution of the EC:EEN program.	GOAL II The EC:EEN teacher will describe and take part in the administrative operation of the local EC:EEN program.	GOAL III The EC:EEN teacher will understand the special value of the teacher's knowledge and insight in the shaping of an EC:EEN program.
The EC:EEN teacher will be able to: Objective A describe the socio-political environment that generates EC:EEN services. Objective B demonstrate knowledge of state and federal laws, rules and regulations that affect EC:EEN administration.	The EC:EEN teacher will be able to: Objective A describe roles and functions of the local school administration as they pertain to the EC:EEN program. Objective B describe the basic elements of an EC:EEN program. Objective C maintain appropriate internal records.	The EC:EEN teacher will be able to: Objective A identify and document needs for administrative change, and outline alternatives for improving the EC:EEN program. Objective B present proposals and negotiate solutions using effective communications strategies.

GOAL I

The teacher will understand the evolution of the EC:EEN program.

OBJECTIVE IA

Describe the socio-political environment that generates EC:EEN services.

Historically, societies have manifested many different attitudes toward the handicapped. Today, we are beginning to see a handicapped child as a person first, who is capable of growing, learning, and developing in many of the same ways as a non-handicapped child.

There has long been a legal basis to providing educational service to handicapped children in the United States. As early as 1848, Wisconsin stated in its constitution that education "shall be free to all children between the ages of four and twenty years."

However, it is only since World War II that a combination of growing public concern and strong parental (and professional) activism resulted in any major commitment of public resources to the education of handicapped children. Legal cases during the 1970s clarified and underscored the need for equal educational opportunities for all.

In 1968, President Johnson signed the Handicapped Children's Early Education Assistance Act, which provided support for the establishment of model education centers for handicapped children. By 1972, twenty-seven "First Chance" projects were being supported under the provisions of the act. From these beginnings came the passage in 1975 of P.L. 94-142--The Education of All Handicapped Children Act--which makes available federal money to those states which provide a free, appropriate education for all handicapped children between the ages of three and eighteen.

In Wisconsin, educational services to preschool handicapped children are mandated under Chapter 115 of the Statutes of Wisconsin, which is based on Chapter 89 of the laws of 1973. Under Chapter 115, educational programs are to be made available to all children between the ages of 3 and 21 with exceptional educational needs. The rules implementing Chapter 115 since 1975 help make Wisconsin law more consistent with the requirements of P.L. 94-142.

(IA) Activity 1 What happens in our communities is often best understood in the light of what has happened in the past. Therefore, try to find out--

1. when the first early childhood educational services for handicapped children were offered in your community;
2. who operated them;
3. how they were financed.

OBJECTIVE IB

Demonstrate knowledge of state and federal laws, rules, and regulations that affect EC:EEN administration.

Fundamental views of the handicapped:[1]

1. The child is viewed as a person with the same basic needs, wants and problems in growing up as other children, but with additional difficulties to overcome.
2. The child is seen as an individual whose special needs can be met through diagnosis, assessment, and planned programming.
3. The child is viewed in the context of his or her family or other living group, and not in isolation.

4. The child is seen as a citizen with rights, which include the right to an education.

5. The child has a related "civil right" to be included, to be visible.

(IB) Activity 1

Here are some T/F questions about the practical application of P.L. 94-142. Check your knowledge. After indicating whether the statements are true or false, rewrite the false statements into true statements.

1. Every district shall have a plan for screening children below school-entry age for EEN. T F

2. A teacher may refer a child without notifying parents but cannot assess a child without notifying the parents. T F

3. A verbal or written consent from parents is required before the M-team process can begin. T F

4. At least two members of the M-team must have expertise in assessment and programming for the EEN of the child being evaluated. T F

5. Assessments are currently permitted in both the public and private sector. T F

6. Each LEA must have written definitions of the various EEN conditions. T F

7. An M-team's recommendation to place a child in an EC:EEN class must be approved by the parents. T F

8. M-team recommendations must be made within 90 days of the initial referral. T F

9. Parental consent is required before a child's records can be transferred to another agency. T F

10. After a parent has filed a request for a hearing, it is the district's responsibility to hold a hearing within 60 days. T F

ANSWER KEY

1. T
2. F
3. F
4. T
5. T
6. T
7. T
8. T
9. T
10. T

The Council for Exceptional Children provides several resources designed to assist educators in understanding and implementing various facets of P.L. 94-142: (1) P.L. 94-142 The Education for All Handicapped Children Act (a media package, answers the needs of parents, administrators and teachers). (2) A three-part film-cassette format (available at $50) presents Introducing P.L. 94-142, Complying with P.L. 94-142, and How P.L. 94-142 Works for Children. (3) Two helpful books recently published by the Council are Public Policy and the Education of Exceptional Children, edited by Frederick Weintraub, et al. (13.95) and A Primer on Due Process, Alan Abeson et al. ($4.95). Inquiries regarding these and other resources may be directed to the Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091.

(IB) Activity 1

The federal government's extensive involvement in general education did not start until the late 1950s, with legislation for the handicapped not emerging until the 1960s. During the 1970s, attention to the handicapped has escalated dramatically. This "quiet revolution" has seen public policy on handicapped people evolve from charitable solicitations to a declaration of rights, culminating in the landmark legislation of P.L. 94-142.

Notable Federal Education Acts for Exceptional Young Children

Name	Public Law	Year Passed	Highlights
National Defense	85-864	1958	Designed to produce scientists and mathematicians whose work was deemed vital to the national defense but implied that some extra service should be provided for exceptional and gifted students.
Act to Train Special Teachers of the Deaf and Blind	87-276	1961	Later amended to include teachers of the speech impaired emotionally disturbed and physically impaired.
Elementary and Secondary Education Act (ESEA)	89-10	1965	Title I of this act expanded and improved educational programs including the preschool educationally deprived (encompassing children who are handicapped).
Federal Assistance to State	89-313	1965	Operated and supported state schools for the handicapped.
Handicapped Children's Early Education Act	90-538	1968	Designed to establish experimental preschool and early education programs for the handicapped that could serve as models for state and local educational agencies. Termed the First Change Network.
The Education of the Handicapped Act	91-230	1970	Extended program assistance for 89-10, providing the initial authorization for ESEA Title VI-B state grants.
Developmental Disabilities Services and Facilities Construction	91-517	1972	
Economic Opportunity Act Amendments	92-424	1972	Established policies and procedures designed to assure that not less than 10% of the total number of Head Start enrollment opportunities in each state be available for Head Start eligible handicapped children.

Name	Public Law	Year Passed	Highlights
Rehabilitation Amendments	93-112	1973	This Act supersedes all of the Vocational Act amendments dating from 1912. Section 504, subpart, provides that a free appropriate education be given to qualified children in the most normal setting appropriate.
Education Amendments	93-380	1974	Massive increase in the authorization levels for the basic state grant program, ESEA Title VI-B. Also dealt with due process, least restrictive environment, state plans and the gifted.
Developmentally Delayed Assistence and Bill of Rights Act	94-103	1974	
Education for All Handicapped Children's Act	94-142	1975	Superseded the provisions of Part B of 91-230. Committed the federal government to a most substantial financial contribution toward the education of handicapped children and refined and strengthened their educational rights.

GOAL II

The teacher will describe and take part in the administrative operation of the local EC:EEN program.

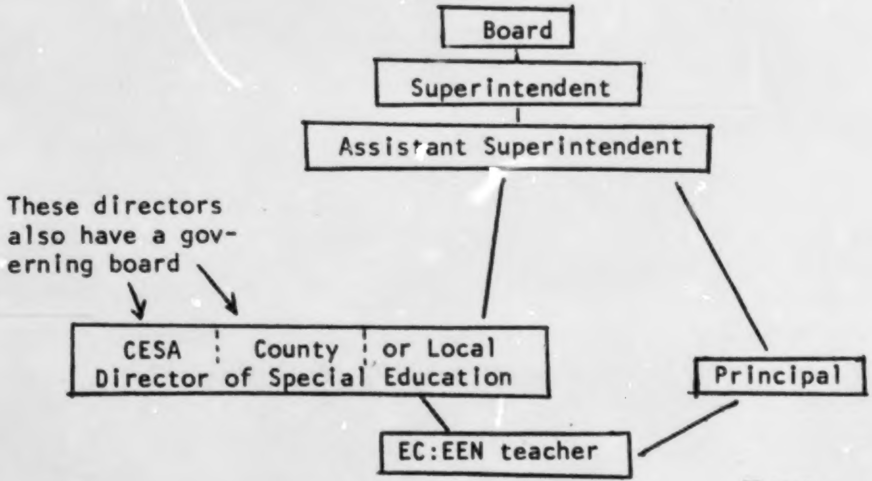
OBJECTIVE IIA

Describe roles and functions of the local school administration as **they pertain** to the local EC:EEN program.

An EC:EEN teacher may be in a local program which is funded through CESA but located in a local school district. **To whom is he or she accountable?** Building principal? CESA Special Education Director? Program Supervisor? The administrative structure often appears to us as a looming totem pole. We need to understand the function of this structure and our place in it.

(IIIA) Activity 1 Draw a diagram of your own administration. It might look something like this:

Administrative Profile


Board
Superintendent
Assistant Superintendent
These directors also have a governing board
CESA
County
or Local
Director of Special Education
Principal
EC:EEN teacher

(IIA) Activity 2 — Attend a local school board meeting as an observer. Who are the members?

OBJECTIVE IIB

Describe the basic elements of a comprehensive EC:EEN program.

(IIB) Activity 1 — You have an interview tomorrow with a special education director for an EC:EEN position. Review the following questions you might ask. Add any you feel are important.

1. What type of delivery system is utilized? Number of days for center based? Home involvement component?
2. How many teachers? aides? teacher-child ratio?
3. How many children? Type and degree of their handicapping conditions?
4. How are the children transported?
5. What kinds of relationships exist with private agencies?
6. Do the children receive special classes? art? music? etc.?
7. How much planning time?
8. How much is the budget for materials?
9. What kinds of support personnel? occupational therapists? physical therapists? speech therapists?

You might also want to ask to see the program narrative. The narrative should contain descriptive statements that answer the above questions. Narratives often follow the outline below.

EARLY CHILDHOOD PROGRAM PLAN
FOR
CHILDREN WITH EXCEPTIONAL EDUCATIONAL NEEDS

I. Describe the objectives you have for this program.
   A.
   B.
   C.
   D.

II. Discuss the program design considering the following elements:
   A. Methods of Finding Potential Pupils.
   B. Selection of Specific Children to be served.
   C. List the staff to be utilized in program.
      1. Qualification
      2. Certification
      3. Experience
      4. Inter-involvement of staff
   D. Space and/or location of various service elements of the program:
      1.
      2.
      3.
      4.
   E. Transportation Considerations
      1.
      2.
   F. Home Involvement:
      1. With Parents
      2. With Siblings
      3. Activities provided when school staff is not present.
      4.
   G. Transition of Early Childhood Enrollees to Other Services and Subsequent Programs.
      1. In-School District . . . Regular School
      2. In-School District . . . Special Education
   H. Relationships and Agreements with Non-School Agencies and Groups.
      1.
      2.
      3.
      4.

III. Evaluation of Effectiveness of Program.
   A. Formal Evaluations
   B. Informal Evaluations

IV. Special Problem Anticipated This Year in Program.
   A.
   B.

PROGRAM SUPERVISOR OR CONTACT: ______________________________

(IIB) Activity 2

Below is a list of "Common Administrative Questions regarding EC:EEN services." Read each question and see if you can answer it yourself before looking at the answer provided.

COMMON ADMINISTRATIVE QUESTIONS REGARDING EC:EEN SERVICES

(December, 1978)

1. What are the age requirements for enrollment in an EC:EEN program?

   P.L. 94-142 and Chapter 115 of the Wisconsin States require that a LEA provide EC:EEN services to children ages 3 through 5 who are identified as having an EEN. Special permission can be requested from the DPI EC:EEN supervisor when a local M-team recommends extension of EC:EEN programming for an additional school year. LEAs are encouraged to provide services under permissive legislation (same funding patterns) for EEN children under the age of 3 when needed.

2. What are the financial state aids for EC:EEN services?

   Teacher and aide salaries as well as transportation costs are covered by the 70% special education aid formula plus general state aids in most situations. Most new programs have received Title VI (EHA) funding or the new P.L. 94-142 flow-through incentive monies in addition to state general and state special education (70%) support.

3. What are the characteristics of young children found to be EEN?

   All children enrolled in Generic EEN early childhood programs must have full processing via an M-team pursuant to Chapter 115 of the Wisconsin Statutes. Children identified as EEN should deviate from norms at approximately the 25% level or more, as measured by formal and informal diagnostic devices. For example, a 25% deviation in a developmental area for a 3 year old would be approximately 9 months. For a 5 year old, a 25% deviation would be approximately 15 months in the given physical, social, emotional, cognitive, and other developmental areas.

4. What is the average size of an EC:EEN class or group?

The size of a "class" usually ranges from 5 to 12 children. The state average is 9 children per teacher. Acquisition of an aide/or another teacher is dependent upon the characteristics of the class (number of children, types of handicapping conditions, degree of severity, etc.) and should follow a "Teacher--Aide--Teacher" pattern. Deviations from this staffing pattern requires specific prior approval of the DPI Supervisor for EC:EEN.

5. What are the qualifications for an EC:EEN teacher?

The teacher must hold Wisconsin DPI licensure in EC:EEN (#808) which requires a minimum of 34 semester hours in coursework relative to both normal and exceptional young children. A one-year special license may be granted to a certified Nursery-Kindergarten or Special Education teacher who does not meet the criteria for 808 licensure if adequate justification is provided and the individual takes 6 hours of special coursework leading to 808 certification. This license is for a one year period and may be renewed on completion of additional approved coursework.

Five approved EC:EEN teacher training institutions are now graduating approximately 50 trained and licensed EC:EEN teachers each year and are helping one year special license persons remove their course deficiencies.

6. **What are the qualifications for a special education aide?**

To qualify for the three-year license as a handicapped children's aide (#883) an individual must be at least 18 years of age and have completed 3 years of college coursework or 3 year's experience supervising structured youth activities or a combination of the above equivalent to 3 years.

A properly certified regular or special education teacher can function as a special education program aide without aide licensure (883).

7. **What are the characteristics of a school program for EC:EEN children?**

School programs for EC:EEN pupils vary from district to district, but each has prior approval on the annual plan of service. A balance of center based and home provided services is required in each district's program. The actual amount of time each pupil receives varies with his or her M-team placement plan. Some children attend for brief periods in the center based portion of the program and are visited at home on a prescribed basis. More competent children may be provided a full day of service in the special center-based program or a combined regular-special education program package. In all situations the teacher is expected to deliver assistance to the child's parents as well as to the child enrolled.

8. **How are children transported to EC:EEN programs?**

In most situations the educational agency provides small buses or vans with special equipment as needed to transport these children. Numerous individual children are transported under contract with their parents. All such special transportation costs are state reimbursed 70% to the LEAs.

9. What are some of the possibilities for integrating EC:EEN children in the least restrictive environment?

It is relatively easy for the 5-year-old population of exceptional children to obtain normal peer modeling experiences since all school districts provide mandatory kindergarten classes for 5-year-old children, and cross-programming with the EC:EEN class is possible. However, it is often more difficult for selected handicapped youngsters in the 3 to 4-year-old population. A number of local educational agencies have provided for additional normalizing and integrative experiences with Title 1, 4-year kindergarten, and Head Start programs. However, these opportunities are quite limited and additional resources are needed. The department encourages and supports the exploration of additional cooperative and integrative arrangements for EC:EEN children.

OBJECTIVE IIC

Maintain appropriate internal records.

(IIC) Activity 1 Review the following forms. Who fills out each form in your district?

________________School District

PROGRAM RECOMMENDATIONS

Student ________________ Enrollment Date ________________

Address ________________ Program Type ________________

________________ Program Duration ________________

Date of Birth ________________ Regular Education Involvement: ☐ YES ☐ NO

School District/Residence ________________ Program Location ________________

Program Level ________________ Case Facilitator ________________

PERSONNEL INVOLVED Regular Education Staff– Special Education Staff– Supportive Staff–	RESPONSIBILITIES (include percent of time):

JUSTIFICATION FOR PLACEMENT:

MONITORING SCHEDULE and EVALUATION:	RELATED SERVICES: (i.e. Physical education) PERSON RESPONSIBLE FOR RELATED SERVICES:

OFFICE USE

PLACEMENT DECISION

Approved ________________ Disapproved ________________

Director of Exceptional Education ________________ Date of Approval/Disapproval ________________

School District Administrator ________________ Date of Approval/Disapproval ________________

APPROVE THE ABOVE PLACEMENT ________________ Parent Signature ________________ Date

REJECT THE ABOVE PLACEMENT ________________ Parent Signature ________________ Date

Copy to Parent

I-22

_________________ District

PERMISSION TO OBTAIN AND RELEASE INFORMATION

This form is to be used to obtain information needed for assessment purposes and/or to release information to physicians and/or others.

I, the undersigned, hereby request and authorize ______________________________

______________________________ (agency(s) or person)

to release to ______________________________ (agency(s) or person)

any medical, psychological, school, and social information concerning

____
(name of child)

____
Signature of parent, guardian, and/or child as appropriate

____
Relationship to child

____
Address

____

____
Date

Copy to Parent

(IIC) Activity 2 What records are you responsible for keeping in the classroom? Do they include the following?

1. Medical Records
   a. Permission to give medications
   b. Allergies
   c. Emergency procedures, etc.
2. Immunization records
3. Family background
4. Assessment data
5. Updated IEP
6. Daily attendance
7. Number of home visits
8. Field trip approval

(IIC) Activity 3 What immunizations should a child have by the age of five? Review the "suggested Immunization Guide" in the following brochure[2] and the "Immunization Requirements" form from the Wisconsin Department of Health and Social Services. Consider using an emergency medical information form. An example follows.

EMERGENCY MEDICAL INFORMATION

Child's Name: ____________________

Home Phone: ____________________

Father's Work Phone: ____________________

Mother's Work Phone: ____________________

Family Doctor: ____________________

Office Phone: ____________ Home Phone: ____________

Alternate Doctor: ____________________

Allergies (type and reaction): ____________________

____

Chronic Condition(s): ____________________

Medications (type and dosage): ____________________

____

If we (parents or guardians) cannot be reached, please contact:

Name: ____________________

Address: ____________________

Phone: ____________________

____
(Parent's Signature)

____
(Date)

OBJECTIVE IIIA

Identify and document needs for administrative change, and outline alternatives for improving the EC:EEN program.

(IIIA) Activity 1 — List three administrative changes you would like to make in your program.

Teachers often express a desire to "change" their program. Often the most difficult elements to alter are administrative.

Perhaps you were not involved in the initial development of the local EC:EEN program and want, for example, to change the length of the program day. Such a change would affect children, families, teachers, bus drivers, and others. So it requires an administrative decision and needs more than just a teacher's desire to initiate the change. The need for the change must be clearly established. You must have more than words to back you up when you are asked "why?" Once you have identified a need, one way to organize alternatives along with the advantages and disadvantages of each.

One teacher who wanted a shorter day explained the reasons this way: "The program now runs an extended day from 9:00-2:30. The kids are always so tired after lunch that they sleep all afternoon. I feel it would be more important to use the afternoons for home visits, which I don't have time for now. I know busing is going to be a roadblock, but there's just got to be a way."

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The teacher sat down and listed alternatives:

ALTERNATIVES	Advantages	Disadvantages
1. Shorten day to 9:00 - 12:30.	Length of day more appropriate for kids	Kids can't ride regular route. Special van or cars will have to be contracted for--expense.
2. Hire aide to supervise children napping--release teacher to visit home.	Kids can ride regular bus route.	Aide will have to be hired--expense.
3. No change.	No additional costs.	Teacher's time not used efficiently when children are asleep. No time for home visits.

Documentation can show which alternative is the most favorable. For example, in the above situation you might want to find out how the parents feel about shortening the program day. You could also find out how much a part-time aide will cost vs. the cost of running a separate van in the afternoon.

(IIIA) Activity 2 Outline alternatives for one of your proposed changes.

ALTERNATIVES	Advantages	Disadvantages
1.		
2		
3.		

OBJECTIVE IIIB

Present proposals and negotiate solutions using effective communications strategies.

(IIIB) Activity 1 Read the following steps to consider in presenting a proposed change:

1. Know who has final decision-making power on your proposed change (principal, director of special education, superintendent, board of education).
2. Know the "chain of command" of the power structure. Provide information and express your concerns to all those who must make a decision about your proposals.
3. Be knowledgeable about current events, budget restrictions, and personal points of view that may influence decision makers.
4. Think about where, when, and how to present your particular proposal. Should it be typed and submitted formally? Do you need to make a presentation to the school board? Or, should you call the principal or superintendent after school hours? Or talk with a board member or support teacher after church or over supper?

(IIIB) Activity 2 Read the following steps to consider in negotiating a proposed change:

1. Review your priorities and have in mind the compromises and "trade-offs" you are willing to make.
2. Present proposed change with the expectation that all will be welcomed. Keep the proposal alive by countering with a modified proposal even if decision makers are not communicating satisfactorily.
3. Be optimistic, yet realistic.

   Be persistant.

   Be patient.

(IIIB) Activity 3 Choose one of the proposed changes you outlined in (IIIA) Activities 1 and 2. Present your proposal and negotiate to a solution.

NOTES:

1. June B. Jordan et al., editors, Early Childhood Education for Exceptional Children: A Handbook of Ideas and Exemplary Practices (Reston, Virginia: The Council for Exceptional Children, 1977), p.4.
2. "Parents--Be Wise: Immunize," brochure (revised 1/77), WINK (Wisconsin Immunization Now for Kids), Division of Health, Wisconsin Department of Health and Social Services.

ADDITIONAL RESOURCES:

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Berkely, E.P. "Pinoeering Nursery School." Forum, March-April, 1969, 68-69.

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Ellis, N.E., and Cross, L., eds. Planning Programs For Early Education of The Handicapped. New York: Walker and Company, 1977.

Evans, E.D. Contemporary Influences in Early Childhood Education. New York: Holt, Rinehart, & Winston, 1971.

Fallon, B.H., ed. 40 Innovative Programs in Early Childhood Education. Belmont, California: Fearon Publishers, 1973.

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SELF-IMPROVEMENT

The Early Childhood: Exceptional Educational Needs Teacher will establish long-range goals that promote increased teaching skills and greater personal and professional maturity.

Mary Lamont Enright, Chairperson
EC:EEN Teacher
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"Self-knowledge is best learned, not by contemplation, but action. Strive to do your duty, and you will soon discover of what stuff you are made."

—Goethe (1749-1832)

PURPOSE

Teachers and other professionals associated with the education of young handicapped children have expressed the need for continual evaluation and improvement of their professional expertise. Professionals are continually required to be aware of new developments within their specific fields to provide the most up-to-date services for children. It is important for teachers to be aware of means to keep informed of new developments, as well as to evaluate and modify existing techniques and practices in order to provide the best services possible for young children with exceptional educational needs.

Recent legislation also reflects the need for continual professional development. PL 94-142 mandates that the state's annual program plan insure that ongoing inservice training programs be available to personnel who are involved in the education of handicapped children.

The purpose of this module is to offer suggestions to aid in self-evaluation and to establish an individual plan for growth. Your own activities may include, but of course are not limited to, activities suggested within this module.

Just as you try to teach the "whole child," this module addresses itself to your development as a "whole teacher." The focus is not only on the field of education, but also such areas as self-awareness, interpersonal relations, culture, and values. For growth in specific skill areas, refer to the specific modules on assessment, instructional activities, curricular strategies, instructional materials, screening, parent training, interagency cooperation, staff training, and administration.

SELF-IMPROVEMENT

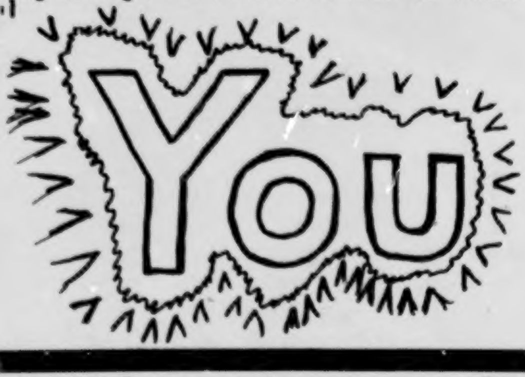
The Early Childhood: Exceptional Educational Needs teacher will establish long-range goals that promote increased teaching skills and greater personal and professional maturity.

GOAL I The EC:EEN teacher will discuss the importance of personal growth as it relates to teaching.	GOAL II The EC:EEN teacher will seek to improve and humanize the teaching-learning encounter.	GOAL III The EC:EEN teacher will seek personal and professional development experiences.
The EC:EEN teacher will be able to: Objective A understand the basic needs of human beings. Objective B identify personal characteristics that affect self-growth. Objective C examine personal attitudes towards teaching.	The EC:EEN teacher will be able to: Objective A discuss qualities of an effective EC:EEN teacher. Objective B understand the relationship between teacher behavior and student behavior. Objective C create a positive atmosphere that supports children.	The EC:EEN teacher will be able to: Objective A discuss stages of teacher development. Objective B make use of resources to aid in personal and professional development. Objective C establish personal and professional short- and long-range goals.

GOAL I

The EC:EEN teacher will discuss the importance of personal growth as it relates to teaching.

> "You know, the big thing—as far as I can see—is that you get back to the point where you respect yourself because that's where it's possible to start respecting others. If you appreciate your joy, you're going to help others to be joyful. If you understand your tenderness, you're going to allow others that need. If you understand your need to know, you're going to allow others their need to know, and if you respect your freedom, you're going to allow others theirs; but it's got to come from you first. So you're the center of the whole thing. You've got to be the one who's strong enough to reach out and to risk. That's where it's going to happen."[1]



OBJECTIVE IA

Understand the basic needs of human beings as they relate to learning and growing with children.

(IA) Activity 1 — Read this excerpt from Joseph and Laurie Braga's book:[2]

There are an unlimited number of things children, and adults as well, may want. But there are a limited number of things human beings actually need, even though they may convince themselves that many of the things they want are necessary in order to satisfy their needs.

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An understanding of what human beings'--children's and adults'--needs really are can help you (1) meet your own and your children's needs more effectively and (2) learn to tell the difference between what you want and what you need and help your children do the same. Having what you want does not necessarily get you what you need; and in order to live a happy and productive life, you have to have what you need....

Each individual's specific growth needs (i.e., needs that must be fulfilled in order for growth to be possible) are personally distinctive of him, but they nevertheless can be located, in a general sense, within the following theoretical constructive which is applicable to any human being, child or adult.*

PHYSIOLOGICAL NEEDS

First, and prepotent over all other needs, are physiological needs--sleep, hunger, thirst, and so on. These are the primary motivators for tiny infants and for anyone else who is deprived of them. If the satisfaction of any of these needs is threatened, it will interfere with a person's ability to function on any other level. In caring for a baby, it is not sufficient to satisfy her physiological needs alone. But no other needs will become motivators of her behavior until the physiological needs have been met. A hungry baby, for example, will not be very interested in playing learning games.

SAFETY NEEDS

Safety needs include not only freedom from danger and physical harm but also existence in a secure, stable, and consistently responsive environment, one in which you can predict events because they are routine and familiar and in which you can have some feeling of control. Young babies' safety needs must be met in order for them to figure out how their world works and to develop a sense of trust and belief that they will be cared for and that they have some capacity to make their world respond to them.

Safety needs tend to reemerge in children and adults during periods of significant growth involving major change in responsibilities and demands, and at any time when they feel out of control of their own life. A high level of safety needs is characteristic of children around two and a half years and many adults, too, whose typical stance toward the world is "Do it my way!"

LOVE AND BELONGING NEEDS

For children and adults whose safety needs are relatively well satisfied, love and belonging needs emerge; these relate to your need to love and be loved by others, to engage in affectionate relationships, and to feel yourself a member of a group. Love and belonging needs should be able to be satisfied, to a great extent, within the context of family relationships, but often they are not. Real love must be given in order to be received; it requires honesty, trust, unselfishness, and commitment; and it must be unconditional (i.e., not contingent on the specific behaviors of the other person). Few adults have the courage to open themselves enough to experience this kind of love with one another....

ESTEEM NEEDS

Having been able to love and be loved by another, unselfishly and unconditionally, enables a human being to proceed to the next level of need**--the need for self-esteem. Esteem needs can be divided into the need for respect from others and the need for self-respect--to consider oneself worthy and competent....

Everything you do can, in some way, be seen in terms of your need to enhance or defend your self-concept. If you think someone has no respect for you, then you automatically rush to your own defense. In doing so, you necessarily must lessen your respect for that person's judgment, because if she had good judgment, then she'd be able to see your value. (This may be, but usually is not, thought out consciously.) On the other hand, if you feel someone thinks highly of you, then your self-concept is enhanced by her judgment of you. You, in turn, can think highly of her because she fulfills, rather than threatens, your need for esteem.

You can break this cycle by transferring your need for esteem from an outer to an inner focus. If your self-respect depends on other people responding to you in certain ways, it always will be unstable. In contrast, when your feelings about yourself are contingent only on your own carefully considered standards, you can like and respect yourself regardless of others' opinions. As a result, you can then value and respect others for themselves rather than for what they think of, or do for, you. And through your doing this, others will, in turn, value and respect you since you'll no longer be threatening their self-concept....

SELF-ACTUALIZATION NEEDS

Self-actualization is a lifelong process of becoming increasingly more and more consistently everything that you have the capacity to be. Self-actualizing people, according to Maslow, are a prototype of highly evolved human beings...personal and social culture permit and support their growth....

A self-actualizing human being is freed to be concerned about others in terms of their needs, since she is not concerned about them in terms of what they can do for her, what they think of her, or how they feel about her. She can "rise above herself" and put herself in someone else's shoes to see things from her perspective. Because she is not afraid of others' response to her, she can direct her energies into doing for others what will make them more comfortable rather than trying to act in ways that will make them approve of her. Her general life-orientation is characterized by continuous growth toward increased self-actualization and increased humanity toward others. She is cooperative and concerned with others' needs rather than competitive with them to meet her own needs....

NOW I KNOW WHO I WILL BE WHEN I AM TRULY ME

Only a small proportion of the total population of human beings alive today can be characterized as self-actualizing in the sense that their generalized approach to living reflects a transcendence of the lower needs, an overall strong belief-in-self, a clear understanding of who they are in contrast to the outside world's definition of who they should be, and a continuing commitment to their own and others' growth to self-actualization and full humanhood. However, every human being has the capacity to become self-actualizing; and many people have experienced periods--what Maslow has termed "peak experiences"--in which they have felt what they could be like were they really to become themselves.

Peak experiences offer you a glimpse of what can be. They should serve as a beacon to you in your growth. They are those rare and wonderful moments when everything about yourself and your life seems very clear; when you feel as if you're standing one step back and viewing yourself in realistic perspective unclouded by your ordinary concerns; when you feel at peace with the world and understanding of others as having the same kinds of needs and hopes and fears as you; when you feel a great surge of energy and capacity to do whatever you set your energies to; when you feel a sense of joyfulness and exuberance at the opportunity to be alive; when you are able to focus on and rejoice at all the things you have (e.g., a functioning body, people who are about you, food to eat) rather than bemoan the things you lack; in sum, when you understand your purpose on this earth....

...Use your peak experiences as a shining light along the path of growth to show you the way and where you're headed. Then commit yourself to the long and sometimes difficult journey there.

THE DESIRE TO KNOW AND UNDERSTAND

There are a few more needs which Maslow has identified as being important to human beings' development, though he was not able to establish them as being basic needs in the same sense as the ones we've already discussed.

First, there is the desire to know and to understand. This lies at the basis of human beings' quest to figure out how the world around them works and what their place in it is. Babies and young children are the best illustration of this human need. Without any pushing or prodding, a healthy baby will spend endless amounts of time exploring the world around her, testing herself against it. Young children continue, if their other needs are met sufficiently that they feel safe enough to do so, to experiment on and investigate the world of things and people, looking for meaning and the system underlying all of it and finding out where they fit.

AESTHETIC NEEDS

The other category of human need comprises the aesthetic needs--the need for beauty, symmetry, harmony, and order. This is related both to a need to experience such beauty in nature and the need to reporduce it in our surroundings. The lack of beauty in one's life can lead to sickness--a feeling of isolation and alienation--just as can the lack of safety, love, esteem, and opportunity for self-actualization. We can see the expression of this need more clearly in children than in adults, who may have learned to deny and submerge it. Children find beauty and wonder in the world, and they seek it out as well as try to reproduce it themselves through their own creative self-expression.

NEEDS AND GROWTH

There are several interrelated principles that will clarify further the relationship between your own and your children's needs and the growth of you both: (1) The path of growth may be viewed as parallel to movement to increasingly higher need states; (2) a person will advance to higher levels of need through the satisfaction of preceding needs; (3) needs are urgent, insistent, and growth-prohibiting to the extent that they are not met; but, (4) a need loses its potency and importance as motivating factor of a person's behavior once it has been sufficiently satisfied; and (5) human beings are inherently growth-oriented; they will continue throughout their life span to move steadily in the direction of growth as long as their environment and experiences permit and support their growth, i.e., enable their needs to be fulfilled.

In the ideal circumstance, human development is characterized by a steady, regular, and natural progression through these levels of need while still in early childhood, thus beginning at an early age the lifelong process of self-actualizing. Though different needs might reemerge at different stages to be dealt with again on a higher level, with a greater degree of consciousness, once having been relatively well satisfied in early childhood, they will lose their sense of urgency, and the individual's energy can be directed primarily toward continuous growth....

It is clear, therefore, that in order for you to be able to meet your children's needs successfully--so that they can grow to be all that they have the capacity to become--you will at the same time have to make a commitment to your own growth. For, to the extent that you have unmet physiological, safety, love, and esteem needs that motivate your behavior, you will be that much less able to respond to the children, freely and without resentment, in order to meet their.

*This "hierachy of needs" is part of an entire, comprehensive theory of human motivation and personality. If you find the ideas in this section thought-provoking, we would encourage you to look at Abraham Maslow, Motivation and Personality, 2nd ed. (New York: Harper & Row, Publishers, Inc., 1970) or any of Dr. Maslow's other work, and at Frank Goble, The Third Force: the Psychology of Abraham Maslow (New York: Pocket Books, 1970).

**Even those who have not experienced such "perfect love" will move onto this next level of need if they have been able to experience some kind of love relationship with another human being. But, they will go onto this next stage with some unresolved love needs which they will continue to carry with them and which will continue to affect their behavior until those needs are sufficiently resolved.

OBJECTIVE IB

Identify personal characteristics that affect self-growth.

(IB) Activity 1 Read the following:

1. Good teachers see themselves as identified with people rather than withdrawn, removed, apart from, or alienated from others.
2. Good teachers feel basically adequate rather than inadequate. They do not see themselves as generally unable to cope with problems.
3. Good teachers feel trustworthy rather than untrustworthy. They see themselves as reliable, dependable individuals with the potential for coping with events as they happen.

4. Good teachers see themselves as wanted rather than unwanted. They see themselves as likable and attractive (in personal, not physical sense) as opposed to feeling ignored and rejected.
5. Good teachers see themselves as worthy rather than unworthy. They see themselves as people of consequence, dignity, and integrity as opposed to feeling they matter little, can be overlooked and discounted.[3]

"How we view ourselves is determined partially by how we perceive ourselves as really being, partially through how we view ourselves as ideally wanting to be, and partially through the expactations we perceive that others have for us. These are complex interrelated perceptual processes, no one of which is more important than the other. Depending on the individual, each of these three perceptions contributes more or less to our feelings of selfhood. For some, expressing their real self, whatever it may be, is most important and they struggle to stay as close in tune to the harmony of that inner self as is possible. For others, striving to become that ideal self is the guiding star which gives them their sense of purpose and direction. For still others, looking to and obeying the expectations of the world around them is their most satisfying mode of self-expression.

"Social interaction is the primary medium through which we come to know ourselves. Self-awareness develops as we compare and contrast our physical bodies, skills, attitudes, and achievements to those of other people. Some persons are concerned primarily with physical qualities and so this becomes their measuring stick for self-esteem. (I am stronger, handsomer, more beautiful, or more agile; therefore I am adequate.) Others are concerned primarily with qualities of the mind and so this becomes their barometer of self-esteem. (I know more answers, or I can solve more problems, or I am more creative; therefore I am adequate.)

"Although complete, total knowledge about one's self is probably neither necessary nor possible, it is, nonetheless, possible to come closer to an understanding of our upper and lower limits, our private fears and guarded hopes, our secret dreams and wildest ambitions if we remain open to who we think we are, where we would like to go, and why we are headed in that direction to begin with."[4]

(IB) Activity 2 If you wish to fill out a personality inventory, here are a few you could send for:

16 PF — The Institute for Personality and Ability Testing, 1602 Coronado Drive, Champaign, IL 1973.

Miskimins Self-Goal-Other Discrepancy Scale (MSGO) — RMBSI, Inc., P.O. Box 2037, Fort Collins, CO 80521.

The Murphy Inventory of Values — Maribeth L. Murphy, Ph.D., 5283 Countryside Drive, San Diego, CA 92115 (Manual and Instrument - $2.25).

Tennessee Self Concept Scale — William H. Fitts, Ph.D., Counselor Recordings and Tests, Box 6184, Acklen Station, Nashville, TN 37212.

OBJECTIVE IC

Examine personal attitudes towards teaching.

(IC) Activity 1 Complete the activity sheet "Getting to Know Myself."[5]

Getting to Know Myself

Students and Classroom

The children in my classroom are ____________________.

I like those students best who ____________________.

I like those students least who ____________________.

I feel uncomfortable with students when ____________________.

I feel it is most difficult to teach children with the following handicapping condition: ____________________.

I find it least difficult to teach children with the following handicapping condition: ____________________.

I could teach better if I ____________________.

The best time of the day is ____________________.

The hardest time of day is ____________________.

If I could change my job, I would ____________________.

Supervisor

I wish my supervisor would ____________________.

I wish my supervisor would not ____________________.

If I were a supervisor I would ____________________.

Myself and Others

I like myself when ____________________.

I become angry with myself when ____________________.

I'm good at ____________________.

I don't like to ____.

I wish I could change ____.

There are times when ____.

It was hard to do it but I finally ___________________________.

I would like to learn how to _________________________________.

Some people like the way I ___________________________________.

I like working with people who _______________________________.

My biggest problem is ____.

My greatest ambition is ______________________________________.

(IC) Activity 2 Keep a personal journal.

A personal journal is a recording of your attitudes and feelings throughout the day. "Daily" events are recorded only as they are experienced by you. An event that appears minor to an observer may be having a tremendous effect on your life.

In writing your journal, be sure to consider both positive and negative moods, feelings, responses, reactions, and inner thoughts that occur each day. Recognize your emotions, personality traits, and the circumstances surrounding the feelings and situations you record. They may relate to yourself, other adults, and students.

One important aspect of keeping a journal is to review the frequency and intensity of the feelings (fear, sadness, happiness, and anger) you have recorded. Summarize your actions and reactions regarding patterns or sequences of feelings and behaviors on a periodic basis, i.e., weekly or monthly.

GOAL II

The EC:EEN teacher will seek to improve and humanize the teaching-learning encounter.

"In the act of good teaching, a person makes himself available to support children and to help them cope successfully with their task of growing....

Teaching serves children so that they may gain information, skills, understanding and knowledge, and that they may constantly form and re-form themselves with authenticity, with meaning, with "humanness." Teaching is the process of freeing the learner to live more fully."[6]

OBJECTIVE IIA

Discuss qualities of an effective EC:EEN teacher.

(IIA) Activity 1 Read the following:

The first nine module sections of this training resource have hopefully helped make you a more highly skilled technician, able to plan, develop, and

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implement a complex set of program components. But do all these skills ensure a "real" teacher—someone who can provide children with successful educational experiences? How important is it for you to simply feel good about yourself? Considerable research shows that the impact of parents on a child lies more in how a parent feels than in what a parent does. That is, the evidence suggests that a parent's total personality style can influence a child's self-feeling for better or worse. Certainly the teacher who is with the young child day after day has a simillar affect on the child. Teaching style and personality are mirror images of each other.

Do you have an impact on children more by what you are than what you do?

Certainly, children with exceptional needs benefit from the skills of a trained professional teacher; skills of stimulating emerging language, of positioning to maximize motoric growth, of managing behavior. However, the EC:EEN teacher is much more than a "clinician." For the biggest share of the day for any given child she or he is simply a "real" person: encouraging, conjolling, caring, laughing, eating, and daydreaming along with them.

> "Real isn't how you are made," said the Skin Horse. "It's a thing that happens to you. When a child loves you for a long, long time, not just to play with, but REALLY loves you, then you become Real."
>
> "Does it hurt?" asked the Rabbit.
>
> "Sometimes," said the Skin Horse, for he was always truthful. "When you are Real you don't mind being hurt."
>
> "Does it happen all at once, like being wound up," he asked, "or bit by bit?"
>
> "It doesn't happen all at once," said the Skin Horse. "You become. It takes a long time. That's why it doesn't often happen to people who break easily, or have sharp edges, or who have to be carefully kept. Generally, by the time you are Real, most of your hair has been loved off, and your eyes drop out and you get loose in the joints and very shabby. But these things don't matter at all, because once you are Real you can't be ugly, except to people who don't understand."[7]

(IIA) Activity 2 Write a want ad for an EC:EEN teacher. Emphasize the qualities you feel are needed to be a "real" teacher.

OBJECTIVE IIB

Understand the relationship between teacher behavior and student behavior.

(IIB) Activity 1 Analyze a video or audio recording of your interactions with children. Try to include both group and individual lessons, formal and informal periods, different times during the day. Look for such factors as number and types of positive vs. negative reinforcers, tone of voice, attitude, enunciation, encouraging statements, type of directions, responses given to questions, teacher-talk time vs. child-talk time. Use the following "Interactions With Children" sheet to help analyze your tape.

(IIB) Activity 2 If you are having problems with a particular child, consider having a fellow teacher critique a video or audio recording of some interactions with that child.

INTERACTIONS WITH CHILDREN

CHILD'S NAME ______________________ ACTIVITY ________________ TIME ______________________

WHAT HAPPENED?	WHAT DID YOU DO?	WHAT DID THE CHILD DO?	CHILD'S APPARENT FEELING?	YOUR FEELINGS?	HOW WOULD YOU DO IT DIFFERENTLY?

(IIB) Activity 3 Fill out the "Adult-Child Interaction Assessment" that follows.

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ADULT-CHILD INTERACTION ASSESSMENT SUMMARY[a]

COMMUNICATION	Got to work on it.	I'm getting better	I'm OK
Listens to the children			
Maintains eye contact when talking with or listening to children.			
Gets down at the children's level.			
Accepts children's suggestions.			
Avoids interrupting when children are talking.			
Provides honest answers to children's questions.			
Answers children's questions, but does not monopolize their conversation.			
Identifies or reinterprets children's emotions for them.			
Encourages elaboration of the children's expressive language.			
States direction in a short and positive manner.			
Follows through with directions or commands.			
Uses reminders rather than questions when children forget or refuse to follow directions.			
Makes supportive statements or gestures.			
Provides ample explanations to the children.			
Explains anticipated consequences of specific behaviors.			
Praises children for efforts as well as accomplishments.			
Avoids talking about a child when the child or other children are present.			
Avoids visiting with other staff unless it is related to immediate program activities.			
ROUTINES			
Establishes a reasonable system of limits and rules that is clearly understood and consistently maintained.			
Provides children time to meet limits.			
Finds appealing ways for children to meet limits without embarrassing or shaming them.			
Establishes daily routines developed around the children's needs.			
Prepares children in advance for changes in routines and activities.			
Sends children to activities and not from them.			
Allows children plenty of time to perform or to change activities.			
Provides the children with the least assistance needed to complete tasks or activities.			
Interacts with the children when it adds something to their discovery or growth.			
Helps children become responsible for their actions, toys, clothing, etc.			
Gives the children choices and permits them to follow their choices.			

BEHAVIOR MANAGEMENT

Reinforces appropriate behavior by praise, attention, and/or physical contact or rewards.

Reminds children of appropriate behavior by praise, attention, and/or physical contact or rewards.

Uses appropriate rewards and punishments.

Anticipates behavior problems and intervenes to prevent problems from occuring.

Ignores disruptive behavior when it is not damaging to others or to the children themsleves.

Steps into conflict situations only when necessary to prevent injury or to suggest a socially approved solution to the difficulty.

Removes a dangerous or disruptive child from the situation.

Substitutes toys or activities to distract children from undesired behaviors.

Uses redirection when appropriate.

TEACHER'S ATTITUDE AND BEHAVIORS

Positions self so all children can be observed and supervised simultaneously.

Shows interest in the children and their activities.

Shares children's excitement about their accomphishments.

Shows respect for the children.

Keeps promises made to the children

Values the children's ideas.

Responds to nonverbal cues of discomfort.

Shares children's disappointments.

Offers reassurance to the children.

Helps the children feel good about themselves.

Inspires love, not fear.

Displays appropriate expectations of the children.

Expects children to vary in their behaviors from day to day.

Accepts accidental behavior.

Grants independence appropriate for the children's ages.

Treats all children equally and fairly.

Helps children make and sustain relationships.

Develops feelings of community and sharing among the children.

Models appropriate behavior.

Prepares materials and activities prior to program operation hours.

Uses correct grammar and words appropriate to the age of the children.

Speaks distinctly and with appropriate volume.

Uses a well modulated voice with appropriate inflections.

Exhibits desirable teacher characteristics.

Establishes and maintains a warm and positive atmosphere.

OBJECTIVE IIC

Provide a positive atmosphere that supports children.

(IIC) Activity 1 Review the following activities that enhance a child's awareness of self and others. Choose one to try this week.

1. "CHILD OF THE DAY"

Have the "chosen" child bring in a picture of himself, or take one of him with a polaroid camera. Post his picture and a list of good qualities and strengths on the bulletin board. Add to the board until all students are recognized and have a turn to be "child of the day." (Special duties may accompany this position of honor.)

2. "MATCH UP"

Have each child make a pencil drawing on a 4" x 6" piece of tagboard. Make copies of each child's drawing and glue to another tagboard card. Children delight in playing a variety of match-up games with their own creations!! (You could also use self-portraits, with or without names.)

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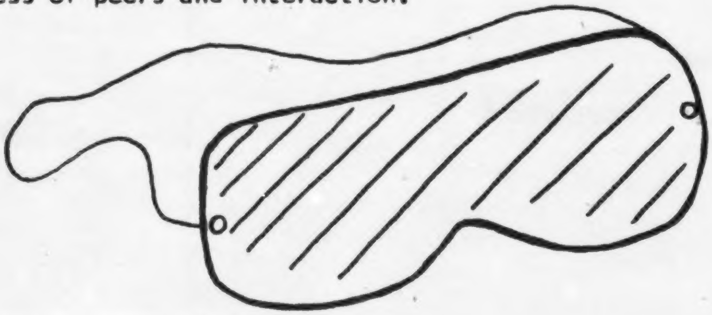
3. "SPECIAL TASKS"

Most children delight in attempting tasks that we associated with older children such as delivering a message to the school office, pouring juice for the group or working with carpenter tools like hammers and saws. When these tasks are structured so that the child experiences success while it is emphasized that he/she is being given this responsibility because of his/her capability, then both ego and skill growth is likely to occur. Even difficult children can "rise to the occasion."

4. CAN YOU GUESS WHO IT IS?

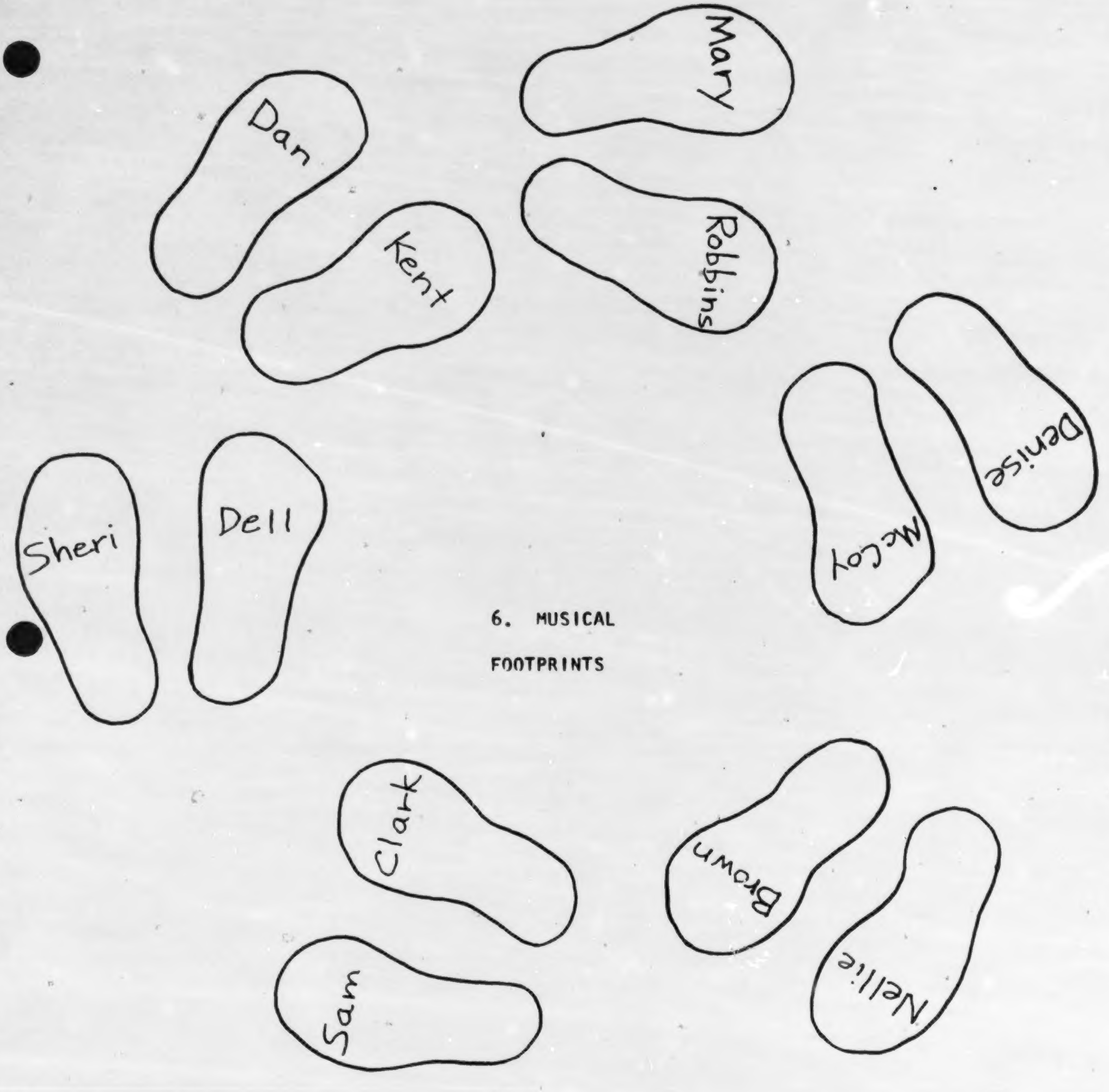
The children form a circle and take turns being the "guesser." The "guesser" enters the middle of the circle where he is blindfolded by the teacher. One child is then "silently selected" by the teacher to enter the circle where the guesser is allowed to touch the face, hair, clothes, etc. of the other child in an attempt to identify who it is. This activity reinforces awareness of peers and interaction.



5. BODY OUTLINES

Have the child lay down on a large sheet of poster paper. The teacher or another child can outline the child's body. The child can later add body features and clothes.

6. MUSICAL FOOTPRINTS


Mary
Dan
Kent
Robbins
Denise
McCoy
Sheri
Dell
Clark
Brown
Nellie
Sam

Everyone likes to hear their name. Help children learn each other's names by playing "Musical Footprints." Color-coded prints will make the game easier. Have children start on their own prints. Play the same as musical chairs, except that when the music stops, no one's out.

Can you think of other activities to add to the above list?

GOAL III

The EC:EEN teacher will seek personal and professional development experiences.

"If we wish our children to love learning we must provide them with teachers who love learning. A teacher who likes to learn will take steps on her own to increase her knowledge. . . ."[9]

OBJECTIVE IIIA

Discuss stages of teacher development.

(IIIA) Activity 1 Read the following description of the stages in teacher development.[10] Which stage are you in?

Stage I—Survival

During this stage, which may last throughout the first full year of teaching, the teacher's main concern is whether or not she can survive. This preoccupation with survival may be expressed in terms like these: "Can I get through the day in one piece? Without losing a child? Can I make it until the end of the week - the next vacation? Can I really do this kind of work day after day? Will I be accepted by my colleagues?"

The first full impact of responsibility for a group of immature but vigorous young children (to say nothing of encounters with their parents) inevitably provokes teacher anxieties. The discrepancy between anticipated successes and classroom realities intensifies feelings of inadequacy and unpreparedness. . . .

Stage II—Consolidation

By the end of the first year the teacher has usually decided that she is capable of surviving. She is now ready to consolidate the overall gains made during the first stage and to differentiate specific tasks and skills to be mastered next. During Stage II, teachers usually begin to focus on individual problem children and problem situations. This focus may take the form of looking for answers to such questions as: "How can I help a clinging child? How can I help a particular child who does not seem to be learning?"

During Stage I, the neophyte acquires a baseline of information about what young children are like and what to expect of them. By Stage II the teacher is beginning to identify individual children whose behavior departs from the pattern of most of the children she knows. . . .

Stage III — Renewal

Often, during the third or fourth year of teaching, the teacher begins to tire of doing the same old things. She starts to ask more questions about new developments in the field: "Who is doing what? Where? What are some of the new materials, techniques, approaches, and ideas?" It may be that what the teacher has been doing for each annual crop of children has been quite adequate for them, but that she herself finds the recurrent Valentine cards, Easter bunnies, and pumpkin cutouts insufficiently interesting! If it is true that a teacher's own interest or commitment to the projects and activities she provides for children contributes to their educational value, then her need for renewal and refreshment should be taken seriously. . . .

Stage IV —Maturity

Maturity may be reached by some teachers within three years, by others in five or more. The teacher at this stage has come to terms with herself as a teacher. She now has enough perspective to begin to ask deeper and more abstract questions, such as: "What are my historical and philosophical roots? What is the nature of growth and learning? How are educational decisions made? Can schools change societies? Is teaching a profession?" Perhaps she has asked these questions before. But with the experience she has now gained, the questions represent a more meaningful search for insight, perspective, and realism. . . .

OBJECTIVE IIIB

Make use of resources to aid in personal and professional development.

(IIIB) Activity 1 Review the following lists of resources. Consider taking the following steps:

1. Maintain active membership in an organization (International or National Association for Education of Young Children, Council for Exceptional Children--Division of Early Childhood, etc.).
2. Read professional journals throughout the year. Summarize key articles.
3. Suggest future inservice training topics to your administrator.
4. Enroll in a course of a graduate program.

ORGANIZATIONS RELATED TO CHILD DEVELOPMENT

American Home Economics Association
2010 Massachusetts Avenue, N.W.
Washington, D.C. 20036

American Montessori Society
175 Fifth Avenue
New York, NY 10010

Association for Childhood Education International
3615 Wisconsin Avenue, N.W.
Washington, D.C. 20016

Bank Street College of Education
610 West 112th Street
New York, NY 10025

Child Welfare League of America
67 Irving Place
New York, NY 10003

Council for Exceptional Children
Division for Early Childhood (National)
1920 Association Drive
Reston, VA 22091
(703) 620-3660

Council for Exceptional Children
Wisconsin Division for Early Childhood
Dr. Darvin Miller
616 Mary Ann Avenue
Stevens Point, WI 54481
(715) 341-1911

Mary Lamont Enright (Chairperson)
607 North Oakwood
Oconomowoc, WI 53066

Day Care and Child Development Council of America, Inc.
1012 14th Street, N.W.
Washington, D.C. 20005

Education Development Center
Early Childhood Education Study
55 Chapel Street
Newton, ME 02150

Maternity-Infant Care/Family Planning Projects
New York City Department of Health
377 Broadway
New York, NY 10013

Merrill-Palmer Institute of Human Development and Family Life
71 East Ferry Avenue
Detroit, MI 48202

National Association for the Education of Young Children (NAEYC)
Editorial and Publications Department
1834 Connecticut Avenue, N.W.
Washington, D.C. 20009

New York City Agency for Child Development
Human Resources Administration
240 Church Street, Room 313
New York, NY 10013

Office of Child Development
Office of Human Development
U.S. Department of Health, Education and Welfare
Washington, D.C. 20201

Wisconsin Early Childhood Association
Room 227
610 Langdon Street
Madison, WI 53706
(608) 262-0504

MAGAZINES, JOURNALS, AND NEWSLETTERS

MAGAZINES

EARLY YEARS
P.O. Box 912
Farmingdale, NY 11735

EXCEPTIONAL PARENT
P.O. Box 101
Back Bay Annex
Boston, MA 02117
(6 issues/year for $12.00)

TEACHING EXCEPTIONAL CHILDREN
1920 Association Drive
Reston, VA 22091

EXCEPTIONAL CHILDREN
1920 Association Drive
Reston, VA 22091

CHILD DEVELOPMENT, one of three
publications of the Society for
Research in Child Development
(Quarterly) Year: $40.00

PARENTS'
52 Vanderbilt
New York, NY 10017

TODAY'S CHILD NEWSMAGAZINE
Department 262
Roosevelt, NJ 08555
(2/year for $12.00)

CHILDREN'S HOUSE
P.O. Box 11
Caldwell, NJ 07006
(1 year/6 issues $6.00)

JOURNALS

Childhood Education
ACEI
3615 Wisconsin Avenue, N.W.
Washington, D.C. 20016
(Annual Membership, $18.00)

Children Today
Superintendent of Documents
Gov. Printing Office
Washington, D.C. 20402
(6 issues, $6.10)

Elementary School Journal
University of Chicago Press
11030 Langley Avenue
Chicago, IL 60628

Young Children
NAEYC
1834 Connecticut Avenue, N.W.
Washington, D.C. 20009

Day Care and Early Education
Plus Publications, Inc.
P.O. Box 64014-C
Baltimore, MD 21264

Day Care and Child Development Reports
Plus Publications, Inc.
P.O. Box 64014-C
Baltimore, MD 21264

NEWSLETTERS:

ERIC/ECE Newsletter
805 West Pennsylvania Avenue
Urbana, IL 61801

Report on Preschool Education
Capitol Publications, Inc.
Suite G-12
2430 Pennsylvania, N.W.
Washington, D.C. 20037

RESOURCE CENTERS THAT MAY HAVE PROFESSIONAL READING MATERIAL AVAILABLE

(Don't forget your own library!)

Wisconsin Special Education Instructional Materials Center

CESA #1 - SEIMC
Mr. Jon Boyd
502 W. 2nd St., Box 439
Ashland, WI 54806
(715) 682-2511/2316

CESA #2 - SEIMC
Mr. Frank DiCristina
P.O. Box 168
Minocqua, WI 54548
(715) 356-9461

CESA #3 - SEIMC
Mr. Charles Hastert
Municipal Building
Gillett, WI 54124
(414) 855-2114

CESA #5 - SEIMC
Mr. George Heinemann
P.O. Box 158
Elmwood, WI 54740
(715) 639-4201

CESA #6 - SEIMC
Mr. Perry Smith
725 W. Park Avenue
Chippewa Falls, WI 54729
(715) 723-0341

CESA #7 - SEIMC
Dr. Harold Gilliland
5499 Highway 10, East
Stevens Point, WI 54481
(715) 346-3151

CESA #8-13 - SEIMC
Mr. Gerald Green
Fox River Valley - SEIMC
800 Algoma Boulevard
Oshkosh, WI 54901
(414) 424-3418

CESA #11
Mr. Richard Hentschel
205 Main Street
Onalaska, WI 54650
(608) 783-5641

CESA #12
Mr. Barry Golden
P.O. Box 564
Portage, WI 53901
(608) 742-5513

CESA #14 - SEIMC
Mr. Thomas Long
1020 Lincoln Avenue
Fennimore, WI 53809
(608) 822-3276

CESA #15 - SEIMC
Mr. Walter Mehr
545 W. Dayton Street
Madison, WI 53703
(608) 266-8454

CESA #17 - SEIMC
Mr. Richard Ostergren
Glen Oaks School, Highway 51
Janesville, WI 53545
(608) 752-7471-Ext. 288 (Glen Oaks 752-1622)

CITY OF GREEN BAY - SEIMC
Mr. Richard Herlache
Lowe School
525 S. Madison Street
Green Bay, WI 54301
(414) 497-3970

CITY OF RACINE - SEIMC
Ms. Donna Barootian
2230 Northwestern Avenue
Racine, WI 53401
(414) 637-9511

WSVH - SEIMC (for Visually Impaired only)
Mr. Gerald Atkins
Wisconsin School for Visually Impaired
1700 W. State Street
Janesville, WI 53545
(608) 756-3111

For further information please contact the
Center listed above nearest you or:
Mr. Kenneth McMahon
Department of Public Instruction
Division for Handicapped Children
126 Langdon Street
Madison, WI 53702
(608) 266-7292

Community Services Library
Central Wisconsin Center
317 Knutson Drive
Madison, WI 53704

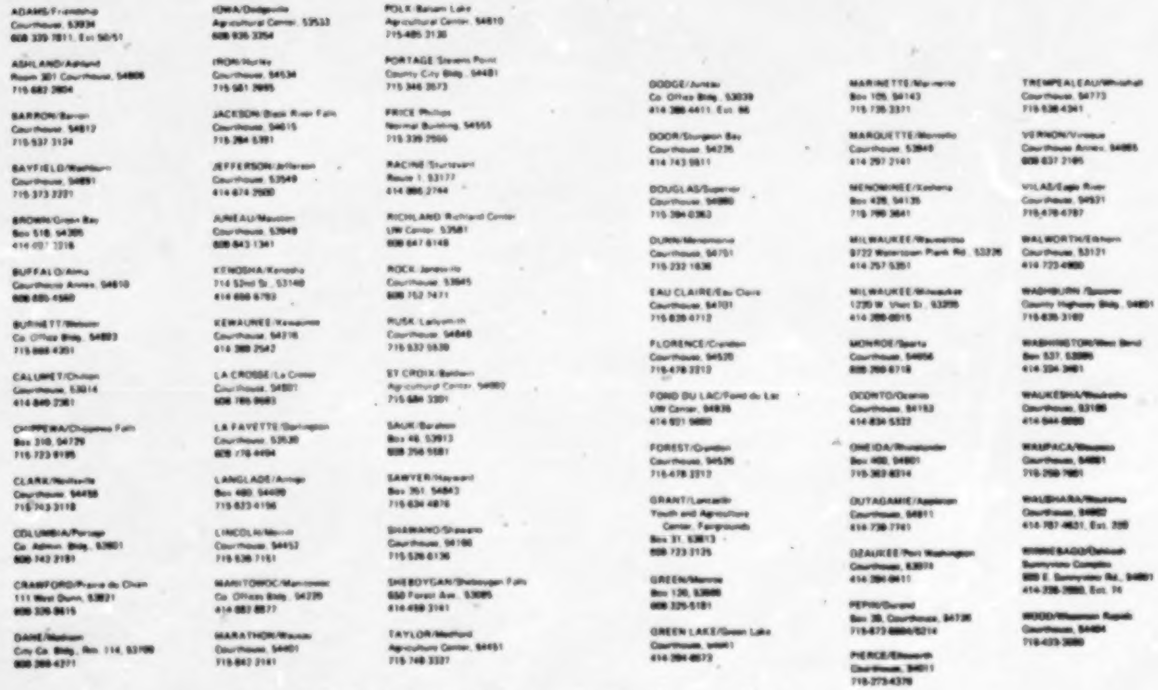
Community Services Library
Northern Colony
Chippewa Falls, WI

Early Childhood Resource Room
The Division of Family Services
Milwaukee Region
819 North Sixth Street
Milwaukee, WI 53203

National Center on Educational
Media & Materials for the
Handicapped
Ohio State University
Columbus, OH 43210

**Call your county extension office--
they may have materials related
to early childhood education.**

COUNTY EXTENSION OFFICES



WISCONSIN EC:EEN TEACHER TRAINERS*

Dr. Lin Shannon
UW - Eau Claire
Dept. of Spec. Ed.
Eau Claire, WI 54701
(715) 836-5511

Sister Gabrielle Kowalski or
Patricia Magestro
Cardinal Stritch College
6801 N. Yates Road
Milwaukee, WI 53217
(414) 352-5400

Prof. Betty Vincent
UW - Madison
Dept. of Behavioral Dis.
340 Education Bldg.
Madison, WI 53706
(608) 263-5824

Dr. Darvin Miller
UW - Stevens Point
Exceptional Education
School of Education
Stevens Point, WI 54481
(715) 346-4667

Dr. Janelle Johnson or
Dr. Bob Schedgick
UW - Oshkosh
Special Education
College of Education
Oshkosh, WI 54901
(414) 424-3421

Dr. David Franks or
Ms. Mary Bross
UW - Whitewater
Dept. of Special Education
Whitewater, WI 53109
(414) 472-4831

Courses such as manual communication may be offered at a technical college as well. Check their course offerings as well. A list of the district offices follows:

*If you're interested, write and inquire about their graduate program coursework.

WISCONSIN BOARD OF VOCATIONAL TECHNICAL AND ADULT EDUCATION DISTRICT OFFICES

District One
620 West Clairemont Avenue
Eau Claire, WI 54701
(715) 836-3900

Western District
Sixth and Vine Street
La Crosse, WI 54601
(608) 782-6238

Southwest District
Bronson Boulevard
Fennimore, WI 53809
(608) 822-3262

District Four
211 North Carroll Street
Madison, WI 53703
(608) 257-6711

Blackhawk District
2228 Center Avenue
Janesville, WI 53545
(608) 754-4121 Ext. 210

Gateway District
3520 - 30th Avenue
Kenosha, WI 53140
(414) 658-4371

Waukesha County Area District
800 Main Street
Pewaukee, WI 53072
(414) 691-3200

Milwaukee Area District
1015 North Sixth Street
Milwaukee, WI 53203
(414) 278-6600

Moraine Park District
235 North National Avenue
Fond du Lac, WI 54935
(414) 922-8611

Lakeshore District
1290 North Avenue
Cleveland, WI 53015
(414) 693-8211

Fox Valley District
P. O. Box 2277
1825 North Bluemound Drive
Appleton, WI 54911
(414) 739-8831

Northeast District
2740 West Mason Street
Green Bay, WI 54303
(414) 499-3125

Mid-State District
500 32nd Street North
Wisconsin Rapids, WI 54494
(715) 423-5650

North Central District
1000 Schofield Avenue
Wausau, WI 54401
(715) 675-3331

Nicolet District
P. O. Box 518
Rhinelander, WI 54501
(715) 369-4410

Wisconsin Indianhead District
P. O. Box B
Shell Lake, WI 54871
(715) 468-2815

It is possible to enroll in courses or audit them through educational television network. Information on present listings may be obtained from:

EDUCATIONAL COMMUNICATIONS BOARD

Tony Moe, Executive Director
732 North Midvale Boulevard
Madison, WI 53705
(608) 266-0036

Educative Services
732 North Midvale Boulevard
Madison, WI 53705
(608) 266-7821

REGIONAL BROADCAST INSTRUCTION COUNCILS

Northwest Instructional Broadcast Service (NIBS)
c/o CESA #5
P.O. Box 158
Elmwood, WI 54740

Regional Broadcast Instruction Council-36/8 (RBIC-36-8)
823 Belkamp Street
Superior, WI 54880

Regional Instructional Broadcast-20 (RIB 20)
c/o CESA #7
54499 Hwy. 10 East
Stevens Point, WI 54481

Western Wisconsin Broadcast Instructional Council (WWBIC)
c/o CESA #11
205 Main Street
Onalaska, WI 54650
(608) 783-5641

Northeast Wisconsin In-School Telecommunications (NEWIST)
IS Bldg.
South University Circle Drive
Green Bay, WI 54302
(414) 465-2599

Southern Wisconsin Educational Communications Service (SWECS)
c/o CESA #15
545 W. Dayton Street
Madison, WI 53703
(608) 266-8454

Southeastern Wisconsin In-School Telecommunications (SEWIST)
c/o CESA #19
9722 Watertown Plank Road
Milwaukee, WI 53226
(414) 257-5391

Milwaukee Public Schools ITFS
P.O. Box 10K
Milwaukee, WI 53208
(414) 475-8143

OBJECTIVE IIIC

Establish personal and professional short- and long-term goals.

Just as we have goals and objectives for children in our classes, we need to have goals and objectives for ourselves. Stating clearly what we want to accomplish or how we want to change helps us focus our energies and our thinking in those directions and gives a guide by which to measure our progress.

(IIID) Activity

What would you like to be doing in five years? What do you need to be doing in three years to reach your five year goals? What do you need to be doing next year? In the next two months? How? You may want to chart your goals so you can check back with them from time to time.

PERSONAL GOALS

NEXT WEEK	NEXT MONTH	NEXT YEAR	IN 3 YEARS	IN 5 YEARS

PROFESSIONAL GOALS

NEXT WEEK	NEXT MONTH	NEXT YEAR	IN 3 YEARS	IN 5 YEARS

NOTES:

1. Leo Buscaglia, "On Being Human," speech given at University of Wisconsin-Eau Claire, October 7, 1977.

2. Joseph and Laurie Braga, Children and Adults, Activities for Growing Together (Englewood Cliffs, New Jersey: Printice-Hall, Inc., 1976), pp. 16-24.

3. Arthur W. Combs et al., The Professional Education of Teachers: A Humanistic Approach to Teacher Preparation (Boston: Allyn and Bacon, Inc., 1974), pp. 83-84.

4. Don E. Hamachek, Encounters With The Self (New York: Holt, Rinehart and Winston, Inc., 1971), pp. 28-29.

5. Adapted from Robert E. Valett, Self Actualization (Niles, Illinois: Argus Communications, 1974).

6. Katherine Read Baker, ed., Ideas That Work With Young Children (Washington, D.C.: National Association for the Education of Young Children, 1972), p.22.

7. Margery Williams, The Velveteen Rabbit (New York: Avons Book, 1975), p.17. Reprinted by permission of Doubleday & Company, I[illegible] and William Heinemann, Ltd.

8. Adapted from J. Herr and J. Kiel, "Adult-Child Interaction Summary," course materials (Menominee, Wisconsin: University of Wisconsin-Stout).

9. D. Gross, "Teachers of Young Children Need Basic Inner Qualities," in Katherine Read Baker, ed., Ideas That Work With Young Children (Washington, D.C.: National Association for the Education of Young Children, 1972), p. 25.

10. Lilian Katz, "Developmental Stages of Preschool Teachers," The Elementary School Journal, 23 (No.1), 1972, pp. 50-54. Used by permission.

ADDITIONAL RESOURCES:

Self-Concept

Buscaglia, Leo. Love, 6900 Grove Road, Thorofare, New Jersey 08086: Charles B. Slack, Inc., 1972 ($2.45)

The love doctor has created a warm and wonderful book to explore the many aspects of "love". It includes wonderful quotes and inspirational passages which represent notes from Leo's university "love class."

Canfield, Jack and Harold C. Wells. 100 Ways to Enhance Self-Concept in the Classroom. Englewood Cliffs, New Jersey 97632: Prentice-Hall, Inc., 1976.

Felker, Donald W. Building Positive Self-Concepts. 7109 Ohms Lane, Minneapolis, Minnesota 55435: Burgess Publishing Co., 1974. ($5.95)

Puts forth a developmental theory for self-concept from infancy to adolescence. Especially useful for teacher and parents to know what to expect and what to do to help your child.

Powell, John. Why Am I Afraid to Tell You Who I Am? 7440 Natchez Avenue, Niles, Illinois 60648: Argus Communications, 1969. ($1.95)

Purkey, William. Self-Concept and School Achievement. Englewood Cliffs, New Jersey 07632: Prentice-Hall, Inc., 1970 ($5.50)

A now classic book on the correlation between positive self-concept and school achievement. Also explores the development of self-concept.

Ray, Sondra. I Deserve Love. 231 Adrian Road., Millbrae, California 94030: Les Femmes Publishing, 1976. ($4.95)

We each deserve love! This book presents ways of using affirmations to get what you want. Simple detailed instructions and hundreds of useful affirmations are listed. Excellent for first steps in changing a recurrent partern in your life.

Simon, Sidney B. I am Lovable and Capable. 7440 Natchez Avenue, Niles, Illinois 60648: Argus Communications, 1974. ($2.95)

A modern allegory demonstrating the negative effect of putdowns and the positive effect of positive strokes. Excellent for all levels of classroom teaching. Your kids will love IALAC!

Viorst, Judith. Alexander and the Terrible, Horrible, No Good, Very Bad Day. Vreeland Avenue, Boro of Totowa, Paterson, New Jersey 07512: Atheneum Publishers, Book Warehouse, Inc., 1976. ($2.45)

A great story to use with the IALAC concept. Every kid, both big and little relates to Alexander. Judith Viorst's timely book had fun illustrations and great dialogue. A must for every humanistic elementary classroom.

Humanistic Strategies

Curwin, Richard and Barbara Ruhrmann. Discovering Your Teaching Self. Englewood Cliffs, New Jersey 07632: Prentice-Hall, Inc., 1975 ($6.50)

A valuable book to look at who you are as a teacher and how to become the teacher you want to be. Includes hints and strategies. Excellent for teacher training, student teachers and any educator wanting support on his or her process in the classroom.

Gordon, Thomas. Teacher Effectiveness Training. 750 Third Ave., New York 10017: McKay, David, Co., Inc., 1975 ($6.95)

Thomas Gordon's classic volume on how to make your classroom an effective place through active listening, "I" messages and problem solving skills. EXCELLENT!

James, Muriel and Dorothy Jongeward. Born to Win. 95 Madison Avenue, New York 10016: A & W Publishers, Inc. 1971.

A solid and easy to follow guide to the theory and ramifications of T.A. - one of the best T.A. texts we have used. Emphasizes both personality theory and interpersonal relationships in such areas as ego states, games sexuality, strokes and script analysis. Includes wonderful individual and group exercises. A good way to begin a study of T.A.

Phillips, Paul L. and Franklin D. Cordell. Am I OK? 7440 Natchez Avenue, Niles, Illinois 60648: Argus Communications, 1975. ($5.95)

A workbook text on the basic principles of T.A. Includes all major concepts including time structuring, games, transactions, etc. Good for a very easy and basic intro to T.A. Could be readily used in secondary level classrooms.

Steiner, Claude. A Warm, Fuzzy Tale. 391 Munro Street, Sacramento, California 95825: Jalmar Press, Inc., 1977. (3.95)

A beautifully illustrated text of the warm fuzzy story. Tells the tale of warm fuzzies and cold pricklies and how they are given. Wonderful way of working with the concept of strokes. Especially relevant to K-6 but will be loved by all ages. Have you given a warm fuzzy today?

Stevens, John O. Awareness. 414 E. Gold Rd., Des Plaines, Illinois 60016: Vantam Books, Inc., 1973. ($3.25)

Over 100 exercises drawn from gestalt awareness. Can be used by individuals and in classroom to increase self-awareness and communication skills. A treasure chest of activities and processes.

Valett, Robert. Self-Actualization. 7440 Natchez Ave., Niles, Illinois 60648: Argus Communications, 1974. ($4.95)

A handbook which provides exercises and space for actual student use. Excellent for human relations, sociology, psychology courses and any learning experience geared to finding out who we are and what our potential is. Especially for secondary student.

* Annotations taken from Educational Services (1978) catalogue published by Institute for Wholistic Education, New England Center, Box 575, Amherst, Massachusetts, 01002. Reprinted by permission.